Today
The magazine of the Medical College of Georgia
Winter/Spring 2007
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Eye on Diversity

Clearing the Air

SUPPORT IS KEY IN ENACTING A CAMPUSWIDE TOBACCO-FREE POLICY.

Homecoming 2007

RECONNECT AND REDISCOVER WHILE ENJOYING SPRINGTIME IN AUGUSTA.

Today

Dear Readers,

When Dr. Frank Rumph applied to the Medical College of Georgia School of Medicine in 1969, he considered the gesture such a long shot that he almost hadn't bothered.

When Dr. Joseph Hobbs did the same thing a year later, an MCG admissions director showed up almost immediately on his doorstep to offer a personal invitation.

Both men's stories, and that of other minorities on campus, are profiled in this edition of *MCG Today*. Drs. Rumph's and Hobbs' stories offer striking extremes—the difference the civil rights movement made in access to higher education, among many other facets in life. But a diversity roundtable featured in this edition of the magazine illustrates that whether their experiences are extreme or subtle, each minority on campus has a story to tell.

The overwhelming consensus is that the MCG campus is a welcoming place to be, regardless of ethnicity, gender or socioeconomic background. But the roundtable participants agreed that improvement should be an ongoing goal, and they offer specific ideas about how to achieve it. We hope you enjoy reading about their insights and personal experiences.

Along with diversity, another predominant theme in this edition of the magazine is synergy. Biomedical science has yielded countless lifesaving and life-enhancing advances. But what happens when you pair the field with disciplines such as informatics and engineering? The answers are downright mind-blowing, as articles on mouse models and nanomedicine illustrate.

Be sure to check out the activities scheduled for Homecoming 2007 in this edition of the magazine. A visit to campus will give you a chance to check out these and other spectacular MCG achievements for yourself, all while enjoying the vibrant blossoms and blooms that signal springtime in Augusta.

–Editor

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Eye on Diversity

'CULTURAL SENSITIVITY IS A CHALLENGE FOR US ALL.'

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MCG PRESIDENT: *Daniel W. Rahn, M.D.*
VICE PRESIDENT FOR UNIVERSITY ADVANCEMENT: *R. Bryan Ginn Jr.*
DIRECTOR, STRATEGIC COMMUNICATIONS: *Caryl Cain Brown*
EDITOR: *Christine Hurley Deriso*
ART DIRECTOR: *Pamela J. Hayes*
PHOTOGRAPHER: *Phil Jones*
WRITERS: *Toni Baker, Caryl Cain Brown, Christine Hurley Deriso, Jennifer Hilliard, Deborah Humphrey, Kim Miller, Sharron Walls and Danielle Wong Moores*

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NEWS BRIEFS

DON SNELL (LEFT) AND DONALD LEEBURN PRESENT CHECK TO DR. DANIEL W. RAHN (CENTER).

MARGIN FUND TRANSFER

MCG Health, Inc. presented a $9.4 million check to MCG Oct. 19 in its annual transfer of approximately 43 percent of margin funds to support the university's research and educational initiatives.

"While we face numerous challenges as a not-for-profit organization, this relationship continues to be a priority as it enables us to recruit top physician specialists, deliver the latest therapies from the lab to the bedside and provide the best care available to our patients and families," said MCG Health, Inc. President and Chief Executive Officer Don Snell.

"We appreciate the continued support of our clinical partner, MCG Health, Inc., in the advancement of the education and research missions of the Medical College of Georgia," said MCG President Daniel W. Rahn. "The growth of our academic, research and clinical enterprises is a testimony to the hard work of our faculty and staff as well as the support of our community and state."

Over the past six years, MCG Health, Inc. has transferred more than $60 million to MCG.

A PLACE TO REFLECT

A sun-dappled autumn day set the tone for MCG's Nov. 3 dedication ceremony for the Betty Browning Tollison Reflection Garden.

The garden memorializes Mrs. Tollison, the late wife of Dr. Joseph W. Tollison, Professor and Chair Emeritus of the MCG Department of Family Medicine. Mrs. Tollison died of cancer in May 1995.

The university, with the Tollison family's endorsement and contributions , created the garden for MCG patients and families. The half-acre space, a place to reflect and meditate, includes a reflection pool and benches.

Dr. and Mrs. Tollison were high school sweethearts in Easley, S.C. After they married, she was devoted to her children and supported their school activities. She eventually ventured into interior design and opened a business—Browning's Fabrics—in downtown Augusta. She also volunteered with her church and children's schools.

"Betty was always looking to make a difference in a very humble way," Dr. Tollison, now senior vice president of the American Board of Family Medicine, said of his wife at the garden groundbreaking last year. "She lived her life to reach out to others. If this garden relieves the pain and suffering of just one person, even in a small way, it's a worthwhile project. Betty was such a giver and I know she would be delighted with something that would continue that legacy."

RESTING EASIER

One-fourth of overweight children may have sleep problems that regular physical activity can largely resolve, according to Dr. Catherine L. Davis, an MCG clinical health psychologist whose findings were published in the November issue of *Obesity*.

In her study, a surprising 25 out of 100 overweight, inactive children tested positive for sleep-disordered breathing, including telltale snoring. After three months of vigorous after-school activity, the number was cut in half. In children who exercised the longest, the number was reduced by 80 percent.

The children, age 7 to 11, were divided into three groups: a control group and groups who exercised 20 and 40 minutes daily, respectively.

"Existing data suggest about 2 percent of children have sleep problems, but with 37 percent of children now considered overweight, the percentage may be much higher," Dr. Davis said. "We believe this study is a red flag to pediatricians to ask parents about their children's snoring. Not sleeping well can affect children's behavior and their ability to function in school."

DR. CATHERINE L. DAVIS

PARKINSON'S OUTREACH

The National Parkinson Foundation recently awarded the MCG Movement Disorders Program a $120,000 grant for comprehensive care and outreach for Parkinson's disease patients. The funds will be used to provide, coordinate and manage family-centered clinical services for patients and care partners, and for community outreach and education.

"As part of the MCG Neuroscience Center of Excellence, the MCG Movement Disorders Program is a multidisciplinary effort that involves collaboration with those in our center, in our community and throughout the nation," said Dr. Kapil Sethi, medical director of the program. MCG treatment options include deep brain stimulation to help control tremors and other symptoms associated with the disease.

The grant is part of a $9 million package in new grants that the NPF awarded to centers of excellence, care and outreach centers, university research programs and individual researchers.

Dr. Sethi also is serving as project director of the Parkinson Research Alliance of India, an effort to bring more clinical trials to India. "India is a prime place to do research and make a difference," he said of his homeland. He chaired a meeting in November with 14 Indian movement disorders neurologists to help organize the alliance. The Kinetics Foundation, which supports Parkinson's disease research, will fund the initiative.

> "AS PART OF THE MCG NEUROSCIENCE CENTER OF EXCELLENCE, THE MCG MOVEMENT DISORDERS PROGRAM IS A MULTIDISCIPLINARY EFFORT THAT INVOLVES COLLABORATION WITH THOSE IN OUR CENTER, IN OUR COMMUNITY AND THROUGHOUT THE NATION."
>
> –DR. KAPIL SETHI

ADDRESSING THE NURSING SHORTAGE

DR. MARION

School of Nursing Dean Lucy Marion has been appointed to chair the University System of Georgia Board of Regents' new Task Force on Nursing Education. The 12-member group is charged with increasing the number of registered nurses in Georgia by focusing on the efficiency of the university system's nursing programs.

The group also aims to boost the number of students who earn advanced degrees and return to the classroom to teach, increasing the number of university system nursing faculty and promoting cooperation between system schools with nursing degree programs.

The state is projected to need at least 20,000 more nurses by 2012 to eliminate the growing shortage. "While our charge is about increasing the number of nurses, it's also about making sure that, as a system, we are doing all we can to address an impending health crisis," said Dr. Marion. "This task force is aimed toward making sure we are fully preparing our students to be the best practicing clinicians."

ECMO EXCELLENCE

MCG Health System's Extracorporeal Membrane Oxygenation team recently was one of four teams worldwide to receive the Excellence in Life Support Award from the Extracorporeal Life Support Organization. The organization is an international consortium of health care professionals and scientists dedicated to developing and evaluating novel therapies to support failing organ systems. The award acknowledges excellence in patient care, training and education.

TOP-100 TEAM

MCG Health System is one of three Georgia medical facilities recently named to the Community Value Index Top 100 by Ohio-based Cleverley and Associates, a leading health care financial consulting firm specializing in operational benchmarking and performance enhancement strategies. The index measures how a hospital performs in financial strength and reinvestment, cost of care and pricing.

EXTENDING ITS REACH

REACHMD Consult Inc., a freestanding corporation based at MCG Health System, has contracted with 10 hospitals in New York for the REACH system. REACH, or Remote Evaluation of Acute isCHemic Stroke, was launched in 2003 to help MCG Health System neurologists provide remote stroke care to rural hospitals.

HIGH SCORER

The MCG Neuroscience Center of Excellence has scored 13 points higher than the national average on a report card published by NeuroSource Inc., a health care consulting company specializing in the neurosciences, and HealthTech, a non-profit research and education organization. The center received an aggregate score of 59 percent, compared to the average national score of 46 percent in a survey of 150 hospital-based neuroscience programs in 41 states.

BLUE DISTINCTION

MCG Health System has been selected a Georgia Blue Cross Blue Shield center of clinical excellence in cardiovascular services and transplantation. Blue Distinction is a nationwide program to create health care transparency characterized by well-informed consumers and collaboration among health care providers.

"THE QUESTION IS IF YOU ARE HURTING AS MANY PEOPLE AS YOU ARE HELPING, WHO NEEDS THIS PROCEDURE? THE STUDY IS DESIGNED TO ANSWER THAT QUESTION."

–DR. HAROLD SZERLIP

DRS. DEEPAK KAPOOR, HAROLD SZERLIP AND MOLLY SZERLIP, CARDIOLOGY FELLOW

RENAL ARTERY TREATMENT

MCG is participating in a National Institutes of Health study to determine how best to reopen narrowed kidney arteries.

Approximately 2 million Americans, most over age 50 with uncontrolled high blood pressure, have renal artery stenosis, which can reduce kidney function and exacerbate hypertension. The study will compare stents—used about 50,000 times a year nationwide to reopen significantly blocked renal arteries—with medication to lower blood pressure and cholesterol levels.

"Data suggest stents will help maybe 20 percent, hurt 20 percent and in 60 percent not do anything," said Dr. Harold Szerlip, a nephrologist who is working with Dr. Deepak Kapoor, an interventional cardiologist, on the MCG leg of the study. "The question is if you are hurting as many people as you are helping, who needs this procedure? This study is designed to answer that question."

For the study, patients with at least 60 percent blockage of a renal artery will be randomized to stenting or medical therapy. They will be followed for three to six years. Lipid-lowering and anti-hypertensive medications will be provided to all patients at no costs. "I am thrilled there is now a multi-center, nationally funded trial to provide answers," said Dr. Szerlip.

TRIUMPH

ALUMNUS TOPPLES RACIAL BARRIERS TO MAKE LASTING MARK ON PUBLIC HEALTH

Editor's note: MCG has established a Harper/Rumph Scholarship for African-American medical students in honor of the school's first two African-American graduates. To make a donation, contact Rob Zeyfang, director of development for the School of Medicine, at 706-721-4002 or 800-869-1113.

Frank Rumph's marathon mission that fall day in 1965 began with a strange request: "Will you sub for me today?"

His wife was baffled, but she agreed. Her husband seldom missed a day of work and had certainly never before asked her to take his place in the classroom. His request was so urgent, his behavior so uncharacteristically manic, that she barely managed to nod before he had rushed out the door.

He ran to his car and drove from his home in Macon, Ga., to Atlanta University over two hours away. He had no appointment but pleaded with a secretary to let him meet with the science department chair for five minutes, 10 minutes tops. The secretary balked, but the chair overheard his plea and invited the young man into his office.

Next came his second request of the day: Would the chair consider letting him enroll in graduate school?

No. The application deadline had just passed.

But Frank Rumph wasn't prepared to take no for an answer. He begged the chair to consider making an exception. He was desperate to enroll, he'd graduated as one of the top five students from Fort Valley State University a year earlier, he'd been president of the Honor Society, he'd driven all this way ... *please?*

The chair was sympathetic but said he couldn't consider the request unless he had the Fort Valley transcripts in hand that day. Frank Rumph called the registrar's office of his alma mater and sputtered his request.

Yes, they could give him his transcripts ... but only in person.

He told the chair he'd be back later that day, then sprinted to his car and drove to Fort Valley. Once at the university, he parked illegally, ran breathlessly into the registrar's office, shouted his hellos to all the familiar faces and picked up his transcripts. Then he drove back to Atlanta ... a five-hour round-trip.

Upon perusing the impeccable transcripts—and making a mental note about this young man's incredible tenacity—the chair decided that an exception was indeed in order. Frank Rumph was welcome to enroll.

Except that ... he had no money. His nascent teacher's salary was so modest that he and his wife had to eat with his parents on weekends. He hadn't factored graduate school into his budget. Yet here was his chance, and he was broke.

The chair hastily referred him to the financial aid office, where the director was so impressed with his transcripts and letters of recommendation that he was offered a full scholarship on the spot.

By the time he returned to Macon that night, he had penned his resignation from his teaching position and was officially an Atlanta University student. Not bad for a day's work.

Frank Rumph is accustomed to making every minute count. His hard-working parents passed down a work ethic that he embodies to the bone. Neither of his parents had a high school diploma, and opportunities for African-Americans were scarce, to say the least, in rural Georgia a half-century ago—but they were determined to provide for their three children while instilling values that would promise brighter days ahead.

Son Frank did not disappoint, excelling in school while cultivating a strong sense of social justice. Why, he wondered, did he have to enter through a side door when he took his sick relatives to the doctor's office? Why were they then whisked to a shabby waiting room for "coloreds"? Why did his dentist seldom bother with anesthesia when treating African-Americans? And why was tooth extraction the only available service?

"I had a sense of the unfairness very early on," he said.

His burning desire was to become a physician. He wanted to serve people in general and African-Americans in particular. "I had no second choice. I wanted to be a doctor and I didn't want to be anything else."

But the racism that helped propel his goal also seemed destined to ground it. He assumed his top grades at Fort Valley State University would open the door to medical school. He was wrong.

> "MY COUNSELOR TOLD ME I'D BE COMPETING AGAINST EVERY HIGH-ACHIEVING BLACK STUDENT IN THE NATION FOR THE VERY FEW SPOTS AVAILABLE IN THE TWO [TRADITIONALLY BLACK] MEDICAL SCHOOLS. IT WAS *ASSUMED* I'D GO TO A BLACK MEDICAL SCHOOL."
>
> DR. FRANK RUMPH

"My counselor told me I'd be competing against every high-achieving black student in the nation for the very few spots available in the two [traditionally black] medical schools. It was *assumed* I'd go to a black medical school."

And that suited him fine ... except he couldn't get in. He was placed on the alternate list instead. He thinks he ultimately lacked the connections to nab a coveted spot. "Someone from Fort Valley offered to put in a good word for me, but I felt that my record should speak for itself."

He was devastated when his applications were rejected. "I thought, 'Welcome to the real world.' I was extremely angry."

He accepted a teaching position in Jeffersonville, Ga. and resolved to make the best of his circumstances.

But only months into his job, news trickled through the grapevine that he would soon be one of the area's many sons to be drafted into military service. Many in the African-American community felt that his increasingly outspoken commitment to civil rights would hasten his fate.

"I had become very visible and vocal in a small town," he said. "I feel I was targeted."

His heart sank. He'd seen too many guys return from Vietnam in body bags to have any illusions about war. And despite his best efforts, he hadn't been able to quell his dream of medical school.

So on that fall day, he "skipped" the classroom for the first time, asked his wife to substitute for him, drove to Atlanta University and enrolled in graduate school. His draft notice arrived days later, but he was granted a deferral based on his status as a student.

Feeling the bullet he dodged was both figurative and literal, he threw himself into his studies with unprecedented zeal. "I worked night shifts at UPS and went to school all day," he said. "I completed the course work for the master's degree in biology with a concentration in physiology." But before he could complete his thesis, he was offered a spot in one of the medical schools that had previously turned him down. "I told them I was not interested."

He *was,* however, interested in the Medical College of Georgia. "It was my brother who mentioned MCG," he recalled. "He said, 'Why not? The only thing you have to lose is the application fee.' I said, 'They don't accept black students,' and my brother said, 'Maybe you'll be the first.'"

A reality check was in order when Dr. Walter G. Rice, dean of the MCG School of Medicine from1960-69, sat down with Frank Rumph and John T. Harper in fall 1967. Dr. Rice felt the first two African-Americans invited to enroll in the MCG School of Medicine should be prepared.

"He warned us that we would be unwanted, unwelcome and harassed," Dr. Rumph recalled. "I said, 'I'm a Georgia resident, my family has lived in Georgia since they were slaves, and I'm coming.'"

John Harper, now an orthopedic surgeon in Conyers, Ga., felt the same way. Neither were strangers to hardship; they were ready for the challenge.

Dr. Rumph reflects on his MCG education with equanimity, choosing neither to demonize nor romanticize the experience. Racism was occasionally blatant, but more often subtle. It was the parties he *wasn't* invited to ... the practice tests that no one bothered to share with him ... the averted eyes when partners were selected for lab classes. He took the slights in stride. Hey, he'd grown up in rural Georgia; ostracism was as familiar to him as a broken-in pair of slippers. And besides, who needed friends? He was there to study.

And he *did* have support. "I can't say enough about Dr. Rice," he said. "He was a true friend and a non-biased man. I'd cry on his shoulder a lot and he always responded genuinely."

He ultimately found support in the classroom as well. When a professor seemed to unfairly target him, Dr. Rumph was stunned when his classmates came to his defense. "I can't tell you how much that meant to me."

As his education unfolded, he felt increasingly at home on

campus. "The last two years were much better than the first two," he said.

And in spring 1971 came the payoff: his lifelong goal of a medical degree.

Next came an internship at Grady Memorial Hospital in Atlanta, five years of service in the U.S. Air Force and a residency in anatomical and clinical pathology at Emory University in Atlanta. He anticipated a private practice but was offered a job as director of state public health laboratories for Georgia's Division of Public Health. Soon after beginning the position, he realized he hadn't just signed on for a job. He had embarked on a calling that would last throughout his career.

"Once I got into public health, I became emotionally tied to it," Dr. Rumph said. "I remember my mentor saying, 'Here, you can help more people by a few good decisions than a practicing physician could help in his whole lifetime. But nobody will know it and you'll get no pats on the back.' That didn't matter to me, as long as *I* knew it."

The timing ensured Dr. Rumph's lasting legacy: America's AIDS epidemic hit shortly after he began his job. He was named the first director of the state's HIV/AIDS program and soon added adult programs and community health to his areas of responsibility. "I was in a position to shape public policies that affected everyone's health. I could make a real contribution. That meant more to me than making money."

> "IT WAS MY BROTHER WHO MENTIONED MCG. HE SAID, 'WHY NOT? THE ONLY THING YOU HAVE TO LOSE IS THE APPLICATION FEE.' I SAID, 'THEY DON'T ACCEPT BLACK STUDENTS.' MY BROTHER SAID, 'MAYBE YOU'LL BE THE FIRST.'"
>
> DR. FRANK RUMPH

He held weekly community meetings about AIDS and oversaw the distribution of funds devoted to the disease. He sank his teeth into issues such as teen pregnancy and cancer prevention. His dedication to his work was so consuming that only gradually did it dawn on him that something subtle, almost imperceptible, was unfolding: His skin color, for the first time in his life, had become a non-issue. "Once people realized I knew what I was doing, most of the racism—even covert racism—went away," he said.

The respect he garnered was heartfelt, particularly when people realized that "I had no ulterior motives and I wasn't trying to play politics," Dr. Rumph said.

It seemed fitting that his life came full circle at this point. In 1991, he was offered a job that brought him back to the city

where he broke racial ground. He became director of the East Central Health District, which included the Richmond County Health Department. If he accepted the job, he would be back where his life in medicine had begun: Augusta, Ga.

"I turned it down at first, but I was shown around town and I actually enjoyed the day. There were a lot of nostalgic emotions that weren't all bad. But I needed to know how the Boards of Health would respond to the thought of a first black director. Thirteen out of 13 voted to hire me. That was encouraging."

The post included a faculty position at MCG and an opportunity to see the grass-roots effects of the statewide policies he had overseen for more than 10 years. "I found that some of our policies didn't work quite as effectively on the county and district level as it appeared from the state perspective," he said. "For instance, state resources for many of the programs weren't adequate at the county level. I went about trying to change the policies to make my district run more effectively."

He also rolled up his shirtsleeves to improve lives individually as well as societally. For instance, when toxins from a local plant threatened the well-being of nearby residents, "I got my black bag and went house to house examining people and giving advice. That kind of interaction made me feel like a part of the community."

He also realized that his mentor was mistaken when telling him years earlier to expect little appreciation for public health service. "I got plenty of pats on the back," Dr. Rumph said, adding with a laugh, "more than I needed."

He oversaw the establishment of new Health Departments on Laney-Walker Boulevard and in south Augusta, obtained a new district office complex, obtained buildings for environmental health and disaster preparedness and revamped public health programs during his tenure, ensuring his efforts would long outlive his directorship. When he retired in late 2005, the Richmond County Health Department was named in his honor.

"Naming this facility for Dr. Rumph is not something the Board of Directors is giving to him," said Richmond County Board of Health member Gene Hunt during the naming ceremony. "It was something that he has more than earned."

Then-Mayor Willie Mays lauded Dr. Rumph's tireless advocacy of the Augusta area's most vulnerable citizens. "Thank you for making those causes first and at the top of your list," he said, "and for always being there to provide that level of service and expertise."

Jane Oglesby, facility administrator for the health department, called him a mentor and role model. "He has positively touched the lives of all of us here," she said.

And "retirement" was definitely a misnomer. Dr. Rumph went on to become chief executive officer of the 29-county East Georgia Cancer Coalition.

"I like the new challenge, but it's still basically a public health initiative," he said, citing cancer prevention and early detection as priorities. "It has a public health focus. We're building infrastructure and trying to gather financial resources while also carrying out programs. The idea is to bring the necessary people together to focus on a particular outcome."

The coalition is focusing on the biggest cancer killers in Georgia: lung, colorectal, breast and prostate cancers. "One priority," he said, "is addressing disparities across the board," such as African-American cancer patients having worse outcomes than whites.

Dr. Rumph enjoys spending time with his wife and four mostly-grown children, but retirement does not factor into his plans. "I don't believe in this retirement business," he said. "What do you do? Play golf? Go fishing? That's not a part of my life. I want to be in a position to work and make a contribution. I think the longer you use your mind, the longer you live and the healthier you are. Plus, I'm enjoying myself too much to consider retirement. I'm happy to say I don't think I would do anything differently." ➸

Christine Hurley Deriso

Eye on Diversity

'CULTURAL SENSITIVITY IS A CHALLENGE FOR US ALL'

Editor's note: MCG Today Editor Christine Hurley Deriso recently assembled a diverse group of MCG faculty to gauge their perceptions about campus diversity.

Roundtable participants were:

Dr. Joseph Hobbs
Chair of Family Medicine, Vice Dean of Administration, School of Medicine

Dr. Stephen Hsu
Associate Professor of Oral Biology and Maxillofacial Pathology, School of Dentistry

Dr. Rosalind Jones
Assistant Professor of Health Environments and Systems, School of Nursing

Dr. Shirley Quarles
Associate Professor of Health Environments and Systems, School of Nursing

Dr. Wilma Sykes-Brown
Assistant Dean, School of Medicine

Dr. Miguel Zuniga
Director of Master of Public Health program, School of Allied Health Sciences

When Dr. Joseph Hobbs applied to the Medical College of Georgia School of Medicine in 1970, he wasn't kept in suspense for long.

"The director of student admissions drove to Mercer [University] and handed me my acceptance letter in person," recalls Dr. Hobbs. His undergraduate classmates looked on in awe as then-Director of Admissions James Puryear said, "We'd really like you to come."

What a difference a year makes. It was in 1969 that Drs. John Harper and Frank Rumph toppled racial boundaries by enrolling as the school's first African-American students. From that point on, MCG was eager to make up for lost time.

Dr. Hobbs, an African-American, was rather bemused by the gesture; even as a young man barely out of his teens, he was keenly aware of the social environment that at last had brought a modicum of justice to his minority status. An admissions director literally on his doorstep with a personal invitation? It would have been inconceivable—even laughable—just a few years earlier.

Almost as quickly as Dr. Puryear extended the invitation, Dr. Hobbs provided his answer: Yes. He grew up poor in Augusta and knew that higher education held the key to his future. He is unabashedly grateful that his coming of age coincided with the nation's civil rights movement. A lifelong high achiever, Dr. Hobbs spent summers as a teen volunteering in MCG labs. One of his resulting projects was featured in an international science fair. He had nothing but positive associations with the university and was eager to enroll.

So he completed his medical education at MCG, joined the faculty and lived happily ever after ... right?

Not quite. Like Dr. Rumph, Dr. Hobbs has experienced his share of challenges as a minority on campus. For instance, while completing his residency at MCG, two patients refused him as a doctor because of his skin color.

"But only two," he notes magnanimously. "And one of them was bothered enough by what she did to come back and apologize. She still didn't want me as her doctor, but she explained that it was her problem, not mine. I very much appreciated that."

He also considered it a challenge: How could he eliminate the distraction of his skin color in serving patients who had never before encountered an African-American physician?

"I got lots of double-takes the first time my patients saw me, but I concentrated on finding common ground and making them feel comfortable. I began to see the power of making a difference one

"I GOT LOTS OF DOUBLE-TAKES THE FIRST TIME MY PATIENTS SAW ME, BUT I CONCENTRATED ON FINDING COMMON GROUND AND MAKING THEM FEEL COMFORTABLE."

–DR. JOSEPH HOBBS

"...ON CAMPUS, I FEEL I AM JUDGED FOR WHAT I DO RATHER THAN HOW I LOOK. I FEEL WELCOME HERE."

–DR. STEPHEN HSU

"TODAY'S STUDENTS WILL BE DEALING WITH ASIANS, AFRICANS, EUROPEANS—EVERYBODY. WE HAVE TO BE COMFORTABLE IN THE GLOBAL ENVIRONMENT TO SUCCEED IN THIS WORLD."

–DR. MIGUEL ZUNIGA

individual at a time. First and foremost I was a physician, and I was helping them when they were most vulnerable."

He also found that "my very presence was changing things. When I was in the clinic, [African-American patient] Jane Doe became Mrs. Jane Doe."

But Dr. Hobbs had no illusions. He laughs that he had the double-edged sword of proving basic competency to whites while dealing with expectations of perfection from members of his race who considered him a torch-bearer. Heaven help him if he made a mistake.

He notes that a chief source of comfort early in his career was the occasional heads-up or bit of inside information from an African-American staff member.

"The campus never really looked like a majority-white campus to me because there were so many minorities on the staff," he says. "They're the ones who made me feel most welcome. They'll never know how important that was."

Dr. Hobbs is gratified that physicians of color are no longer cause for double-takes. But that doesn't mean he is satisfied with the status quo. "True diversity doesn't occur passively; it happens actively. It's a challenge, but we have good people with good goals."

Dr. Stephen Hsu concurs. He has the perspective not only of a minority but of the supervisor of a lab in which half the students are African-American. "I have actively recruited minority undergraduates, giving them experience in my lab and hoping to interest them in a career in biomedical science," he says.

Dr. Hsu, who barely spoke English when he moved to the United States from China in 1991, feels a particular bond with people who consider themselves outsiders. "As a minority, you have to present yourself to others in a way that makes them feel comfortable," he says. "But on campus, I feel I am judged for what I do rather than how I look. I feel welcome here."

Dr. Miguel Zuniga, who is from Honduras, also prides himself in reaching out to fellow minorities. "Our inaugural master of public health class last year was 60 percent minority," he says. "This year's class is 50 percent minority. The faculty is also highly diverse."

Still, subtle daily reminders of his minority status—such as his often-mispronounced name—are frequent. "The concern is not that people mispronounce my name," he stresses. "The concern is that the world is very different today than it was 20 or 30 years ago. We must have an outward-looking perspective."

He is requiring his students to read Thomas L. Friedman's The World is Flat, a treatise on global interconnectedness. "Today's students will be dealing with Asians, Africans, Europeans—everybody. We have to be comfortable in the global environment to succeed in this world."

Dr. Shirley Quarles, an African-American who, like Dr. Hobbs, was personally recruited to MCG (Dr. Quarles by School of Nursing Dean Lucy Marion in 2005), notes, "You have to bring different perspectives to the table."

"And there has to be follow-through," adds

"IN TERMS OF TRYING TO CREATE AND SUSTAIN A DIVERSE STUDENT BODY, AS WELL AS IMPROVE THE OVERALL INSTITUTIONAL ENVIRONMENT, WE DO MANY THINGS RIGHT."

–DR. WILMA SYKES-BROWN

Dr. Rosalind Jones, whose culturally sensitive research is featured on page 22. "Intentions must lead to initiatives, and those initiatives must be assessed and evaluated."

For instance, Dr. Quarles would like to see ongoing faculty development regarding cultural sensitivity. "It's a complex issue, and we need a regular dose on an ongoing basis."

Wilma Sykes-Brown, who joined the faculty in 1997, said one of her first observations at MCG was that so many females were in leadership positions. Yet she joined the faculty at a particularly difficult time, diversity-wise. "My first summer at MCG was a challenging one because we were under intense criticism for having only two African-Americans in our incoming School of Medicine class," she says. "However, the school has made significant improvement since that time. Our focused outreach activities and pipeline programs for minority and disadvantaged students have produced positive outcomes for MCG and the state of Georgia, providing stellar examples of what can be done if the commitment is there.

"I think the School of Medicine has made consistent progress," she says. "In terms of trying to create and sustain a diverse student body, as well as improve the overall institutional environment, we do many things right."

Dr. Hsu echoes the sentiment, noting that several MCG dental students were familiarized with the university through high school and undergraduate summer programs. "I see a lot of changes, which is a very encouraging sign," he says.

Likewise, Dr. Jones emphasizes a warm, supportive environment both as a student and faculty member in the School of Nursing. "It was the great coming-together of the faculty that made me feel so comfortable," she says.

Dr. Quarles concurs. "I was so impressed that when Dr. Marion asked me to come to Augusta for a job interview and I couldn't fit it in my schedule, she came to see me in Atlanta."

Going that extra mile will make the difference in achieving a truly diverse campus, the panel concurs.

"Cultural sensitivity is a challenge for all of us," Dr. Hobbs says. "What we want in the end is what's best for our community and our nation. I'm always impressed by people's reasonableness, but we have to acknowledge that racism exists, and whether it's blatant or passive, the effects are the same. I think if you're doing the right thing, the thing to do is just do it."

Christine Hurley Deriso

"YOU HAVE TO BRING MANY PERSPECTIVES TO THE TABLE"

–DR. SHIRLEY QUARLES

"IT WAS THE GREAT COMING-TOGETHER OF THE FACULTY THAT MADE ME FEEL SO COMFORTABLE."

–DR. ROSALIND JONES

MCG DIVERSITY AT A GLANCE

26 percent of students are minorities.

23 percent of faculty members are minorities.

The university sponsors numerous pipeline initiatives to interest minorities in an MCG education.

MCG research advances in areas including prostate cancer, cardiovascular disease, diabetes and hypertension specifically address disparities in health care access, treatment and outcomes based on minority status.

The MCG Health System has implemented initiatives in signage, customer service and translation services to ensure excellent health care and communication for everyone who walks through the doors of MCG clinical facilities.

Nano Brainer

CENTER BRINGS ENGINEERING PERSPECTIVE TO BODY'S BUILDING BLOCK

The body's basic building block takes quite a daily beating. The familiar double helix that graces science magazine covers and defines who we are is under constant assault from the likes of cosmic rays, radon in the soil and water, even certain rare forms of potassium and carbon in our own bodies. In addition, immune system cells deliberately introduce breaks into their own DNA as part of the process that forms unique receptors capable of recognizing a previously unseen bacterium or virus and mounting an attack.

ILLUSTRATION BY DIANTHA TEVIS

When both DNA strands break for whatever reason, some 20 different protein components previously scattered about the cell nucleus assemble, fix the break, then disperse.

Most of the time, all goes well.

Sometimes, when it doesn't, the cell dies.

Other times, you get cancer.

This basic body machinery that mostly works like a charm is providing scientists a sort of biological template for building their own machinery to fix genetic defects and disease.

The new Nanomedicine Center for Nucleoprotein Machines, one of eight Nanomedicine Development Centers funded by the National Institutes of Health in the last two years, is starting with the machinery that joins broken ends of DNA, one of the most lethal kinds of damage.

"Pieces of broken DNA that float around in the cell are very, very bad for the cell," said Dr. William S. Dynan, chief of the MCG Cancer Biology & Gene Regulation Program, Georgia Alliance Eminent Scholar in Biochemistry and associate director of the new center. "They have a tendency to get glued onto another piece of DNA where they don't belong in an effort to heal themselves. That is how a lot of leukemia gets started."

The center, based at the Georgia Institute of Technology, is directed by Dr. Gang Bao, biomedical engineer, who also directs the National Heart, Lung and Blood Institute Program of Excellence in Nanotechnology at Georgia Tech and Emory University.

"This is the third nanomedicine/nanotechnology center that NIH has awarded to Georgia Tech and Emory University, and we are pleased to have the Medical College of Georgia join us as a partner in this one," Georgia Tech President G. Wayne Clough said in announcing the new center in October. "Together, we are helping Georgia emerge as a top region for nanomedicine."

Nanomedicine seeks to understand and manipulate fundamental biological processes at a minute scale.

"We begin by studying how the body carries out certain tasks through these naturally occurring machines within cells, and understanding them in terms an engineer would understand: the materials they are made of and the forces they generate," Dr. Dynan said.

"If we understand the mechanisms, we [can potentially] alter or redirect the machinery so it does what we want," said Dr. Bao. "The goal is to generate something like vaccines to alter the genome. That is where a lot of science is headed."

DRS. WILLIAM S. DYNAN (FROM LEFT), GANG BAO AND HERNAN FLORES-ROZAS

This new direction will change, in a sense, the whole practice of medicine.

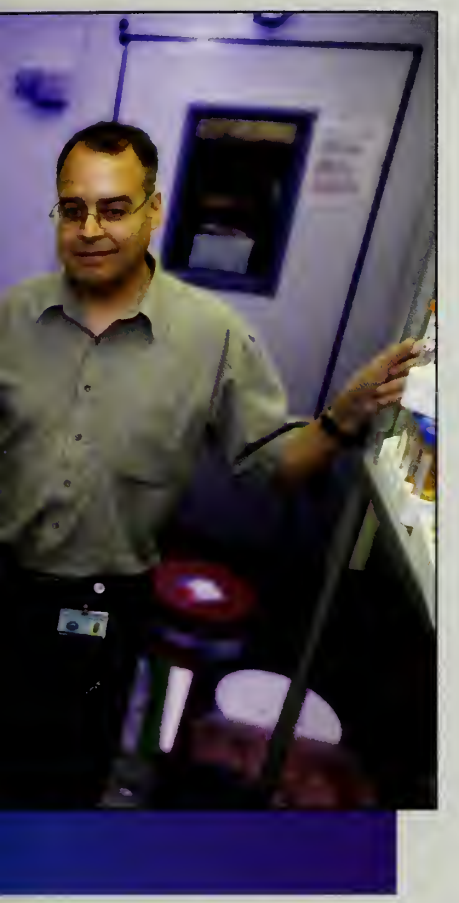
"Instead of waiting for the disease to develop, we cure the disease at the very beginning by altering the genetics or fixing the genetic defects," said Dr. Bao.

Interestingly, the scientists can't yet see what they seek to understand and replicate.

A nanometer is one-billionth of a meter, too small to see with even the best microscopes. Electron microscopy offers finer resolution, but only in fixed cells, so it cannot provide working images of endogenous DNA-repair machines. First-generation nanoscopes, which should become available late this year, allow scientists to watch activity in a living cell that is about five times smaller in each dimension than what can be seen through standard microscopes, but that's still not good enough.

"You can see the DNA, but not the fine details of what it's doing; we want to be able to do that," said Dr. Dynan. "It would be like the difference between looking at little points of light in the night sky with the naked eye and looking with a telescope and really knowing what they are."

"We want to see how these nanomachines assemble in a living cell; therefore, we have to work with a living cell," echoed Dr. Bao. "One thing the



"PIECES OF BROKEN DNA THAT FLOAT AROUND IN THE CELL ARE VERY, VERY BAD FOR THE CELL. THEY HAVE A TENDENCY TO GET GLUED ONTO ANOTHER PIECE OF DNA WHERE THEY DON'T BELONG IN AN EFFORT TO HEAL THEMSELVES."

–DR. WILLIAM S. DYNAN

center will try to do is develop technologies so we can visualize the components of the protein machine."

Helping to focus these points of light is the center's "dream team."

Dr. Grant Jensen, cryo-electron microscopist at the California Institute of Technology in Pasadena, Calif., is an expert in visualizing molecules based on their ability to scatter electrons. Dr. David L. Spector of Cold Spring Harbor Laboratory in New York City, a pioneer in looking at events in the nucleus of a living cell, envisions a new microscope that can follow single molecule events. Dr. Shuming Nie, a chemist and biological engineer at Emory University, is an expert in quantum dots—bright, stable nano-scale crystals that emit light and can attach to proteins to help monitor their activity.

Dr. David Roth, chair of pathology at New York University, is an expert in DNA end-joining who, like Dr. Dynan, brings a clinical perspective as a physician. Dr. Alice Ting of the Massachusetts Institute of Technology, widely regarded as one of the best young chemists in the country, is another expert at making proteins glow by tagging them specifically. Dr. Roland Eils, head of theoretical bioinformatics at the German Cancer Research Center, is an expert on theory and modeling. Dr. Stefan W. Hell, adjunct professor of physics at the University of Heidelberg and inventor of the nanoscope, is a center consultant and will help modify the nanoscope the Georgia Research Alliance will help purchase for the center.

Closer to home, Dr. Hernan Flores-Rozas, MCG molecular biologist, Georgia Cancer Coalition Distinguished Cancer Scholar and an expert in yeast genetics and biochemistry, will lead studies in yeast cells, which are quicker and easier to work with than human cells. "I expect some of the first results will come through his work," said Dr. Dynan, as yeast cells are more amenable to replacement of natural proteins with re-engineered ones.

Dr. Yoshihiko Takeda, MCG molecular biologist and rheumatologist, already is taking seven proteins known to be part of the double-strand DNA break repair process, putting them in a test tube with broken DNA, and watching them work, even in such austere confines. "They don't seem to do it in an organized way," said Dr. Dynan, but it's a start. "There are important aspects of the design of the machine that we don't understand just because we have the pieces in a box. We need to understand how these work in their natural environment in the cell."

The team's diverse expertise was no doubt part of what NIH reviewers liked, said Dr. Bao. "By having a center, we have some of the best people in different fields working together. By working together, we can address important issues that none of us could address alone."

He projects a three- to five-year timeline to understand the assembly/disassembly process and 10-plus years to successfully alter it. "Even if it takes a whole generation, you do not give up," he said.

The finding, when it comes, likely will be one any engineer would love: a complex, quantitative mathematical description of the internal machinery that is a model for the therapeutic one. ⊷

Toni Baker

The Making of a Mouse

$15 MILLION GRANT MARRIES BIOINFORMATICS WITH ANIMAL MODELS

An MCG bioinformatics expert is coordinating a national effort to develop animal models to study diabetes complications.

Dr. Richard A. McIndoe, associate director of the MCG Center for Biotechnology and Genomic Medicine, has received a $15 million, five-year grant—MCG's largest ever—to continue operating the Coordinating and Bioinformatics Unit for the innovative National Institutes of Health project, Animal Models of Diabetic Complications Consortium.

He also will begin providing the same services for the Mouse Metabolic Phenotyping Centers, another NIH-funded consortium of centers offering mouse-testing expertise to scientists nationwide for diseases including diabetes, obesity and related disorders.

The Animal Models of Diabetic Complications Consortium consists of 13 investigators generating ideas for mouse models, a Mouse Generation and Husbandry Core to generate the mice and the Coordinating and Bioinformatics Unit to oversee consortium activities.

"The NIH recognized years ago that there were few good animal models that mimic the complications of diabetes," Dr. McIndoe said. Even the NOD mouse, a spontaneous model for type 1 diabetes, is inadequate, primarily because complications tend to come with age and mice have a relatively short lifespan.

Diabetes complications include cardiovascular and kidney disease, diabetic retinopathy and nerve and bladder damage. "Diabetic cardiovascular disease is probably the biggest mortality risk for types 1 and 2

diabetes; somewhere around 60 to 70 percent of diabetic mortality can be associated with cardiovascular disease," Dr. McIndoe said.

The high risk of model development impeded financial support until the NIH committed funds several years ago. Scientists who receive funding agree to make their development data and resulting animal models available to the scientific community.

In 2001, while on the University of Florida faculty, Dr. McIndoe received the first grant to provide administrative and coordinating activities for investigators working on model development. Work includes organizing semi-annual Executive Steering Committee meetings, monthly teleconferences, workshops, training sessions and organizing activities for the External Advisory Boards.

A major task was developing a computer system that could store and analyze the huge amount of data generated by investigators, then share it with scientists worldwide through a Web portal, www.amdcc.org.

"We have to have a way of storing and capturing all that information in an efficient way so another researcher can go back and do the same experiment or analyze it in real time," Dr. McIndoe said. "You also need to store information flexibly so they can grab the information any way they want. We are constantly adding statistical analysis so data can be analyzed quicker."

To date, about 70 animal models have been studied, information on about 25 has been deposited in the database Dr. McIndoe developed and about 20 of those models will soon be available from mouse repositories. Scientists will generally need several models to mimic human disease. "They don't want an animal model that looks like a mouse problem; they want an animal model that looks like a human problem," Dr. McIndoe said.

For the second round of NIH funding, each investigator will propose two new models and turn them over to a husbandry core for development. "Once created, the models will be sent back to the investigators, who will be in charge of understanding the pathology of the complications," said Dr. McIndoe.

The NIH integrated operation of the consortium with the Mouse Metabolic Phenotyping Centers, which also were up for grant renewal. The centers' first round of funding didn't include money for administration and bioinformatics, but it was quickly determined both were needed.

"The centers bring to the general scientific community a low-cost way of doing a variety of metabolic assays on mice that would be cost-prohibitive to set up in your local lab," Dr. McIndoe said. For a small fee, centers will characterize mouse metabolism, blood components including hormones, energy balance, eating and exercise, organ function and form, physiology and histology. For more information about services and fees, visit www.mmpc.org.

The University of Cincinnati, Vanderbilt University and the University of Washington have been designated as Mouse Metabolic Phenotyping Centers. MCG's Coordinating and Bioinformatics Unit is soliciting additional centers, which will be funded through a subcontract with MCG.

The Animal Models of Diabetic Complications Consortium and the Mouse Metabolic Phenotyping Centers will continue to function autonomously. But Dr. McIndoe has gutted the infrastructure he created for the consortium to accommodate the workings of both. "The face of it will be individual, but the underlying software architecturally works together."

"This grant, the largest award ever received by MCG, is on target with the NIH's initiatives to accelerate translation of scientific discoveries into improved health care," said MCG Vice President for Research Frank Treiber.

"The grant will greatly strengthen our external competitiveness for other center grants," said MCG School of Medicine Dean D. Douglas Miller. "It also will help our internal planning efforts in the area of data coordination for clinical translational research, a major strategic focus of the school."

At MCG, Dr. McIndoe also is the local director of informatics for two major newborn screening studies for type 1 diabetes and co-principal investigator on studies seeking type 1 diabetes biomarkers. ➸

Toni Baker

> "THE CENTERS BRING TO THE GENERAL SCIENTIFIC COMMUNITY A LOW-COST WAY OF DOING A VARIETY OF METABOLIC ASSAYS ON MICE THAT WOULD BE COST-PROHIBITIVE TO SET UP IN YOUR LOCAL LAB."
>
> –DR. RICHARD MCINDOE

Practice Makes Perfect

PHOTO ILLUSTRATION OF DR. CYNTHIA MUNDY AS BOTH TEACHER AND STUDENT BY PHIL JONES

Inaugural Grads of New Nursing Program Make Mark in Field

One wants to help African-American men with prostate cancer better understand the disease.

One wants to make post-surgery experiences easier for patients.

Another wants to make sure health information that could save the lives of smokers is socially and culturally appropriate and is written in plain English.

And another wants to help advance nurses' roles in hospital administration.

But what every one of them—all Medical College of Georgia School of Nursing faculty and all graduates of the first MCG doctorate of nursing practice class—have in common is a desire to alleviate the national nursing shortage.

The D.N.P. program encourages nurses to stay in health care practice and contribute to issues in the field by focusing on clinical and management expertise necessary to improve outcomes in health care practice, leadership and education. And it produces more qualified nursing professors, allowing nursing schools to enroll more students.

That's an important problem to tackle. Georgia alone is estimated to need at least 20,000 more nurses by 2012. The University System of Georgia produces about 2,000 new nurses a year.

More educated and highly qualified faculty means more nursing students and, eventually, more nursing graduates.

"This program infuses the nursing community with qualified educators who can work with students in the new practice arena," says MCG School of Nursing Dean Lucy Marion. "Those educators can demonstrate current approaches to health care and help students learn to strategically solve problems related to health care."

The first cohort of D.N.P. students began in 2005 and graduated a year later.

Requirements for the program include a master's degree in nursing or an associated program of study related to a specialty area, a graduate school admissions test, current professional nurse licensure and specialty certification as appropriate.

The curriculum includes 40 graduate semester hours over four semesters covering trends in effective care, methods of care delivery and concepts in evidence-based care. Students also complete a project. (See page 22 for current DNP projects.)

Following are the projects of inaugural class members:

Shared Governance: Restructuring for the Future
Pam Cook, assistant dean for student affairs in the School of Nursing

Dr. Cook collaborated with MCG Health System to create an educational plan for shared governance among nurses and hospital administrators. This concept increases nurses' opportunities for independence, accountability and control of the work environment. The model includes workshops, mentoring, role modeling and active learning opportunities. "The objective was to educate identified nursing leaders on the framework, elements and principles of a shared governance model," Dr. Cook says. "We also worked to develop leadership skills and knowledge related to their roles as leaders."

An Assessment of Family Needs in the Neonatal Intensive Care Unit
Cynthia Mundy, director of the School of Nursing Clinical Nurse Leader Program

What are the most important needs of families with infants in the neonatal intensive care unit? The least important? Do the needs change upon discharge? Do mothers and fathers need different things? These were among the questions answered by Dr. Mundy's research. "For example, at admission, the need for support was higher than at the time of discharge," she says. "But there was no significant difference in the needs of mothers and fathers at any time. Knowing these things can provide a more positive and family-centered experience in the NICU."

Cultural Competence in an Interpersonal Counseling Research Program for African-Americans with Advanced Prostate Cancer
Rosalind Jones, assistant professor of health environments and systems

Men most at risk for aggressive prostate cancer, the second most common cancer in American men, are black men with a family history of the disease. Dr. Jones developed and implemented a culturally competent telephone interpersonal counseling program for African-American men with prostate cancer and their partners. Cultural competence refers to the understanding and appreciation of cultural differences between ethnic groups. "This study showed, for example, that attention to building trust, language awareness, awareness of the stigma associated with depression and the importance of spirituality are critical issues with older African-Americans," Dr. Jones says.

The Development of a National Multimodal, Multidisciplinary Evidence-Based Clinical Practice Guideline for the Prevention and Management of PONV/PDNV
Marguerite Murphy, coordinator of the School of Nursing R.N.-to-B.S.N. Program

Nausea and vomiting are two of the most common complications following surgery and discharge. "The problem frequently results in prolonged postoperative stays, unanticipated hospital admissions and increased health care costs," says Dr. Murphy. Prevention could be as easy as identifying high-risk patients before surgery and giving them the right treatment, which can include a variety of medicines and hydration. A multidisciplinary and multi-treatment approach will likely improve outcomes for adult surgery patients.

A Fish Consumption Study of Anglers in an At-Risk Community: A Community-Based Participatory Approach to Risk Reduction
Corliss Derrick, instructor of biobehavioral nursing, and Jacqueline Miller, assistant professor of biobehavioral nursing

What's the best way to inform fishermen of environmental threats to the catch they depend on for their livelihood? And will they listen? Drs. Derrick and Miller asked fishermen in an at-risk community near the Savannah River Site if they understood safe fishing behaviors before and after attending an intervention program. They also wanted to know if the fishermen applied that knowledge. Results found that the program influenced fishermen to make healthier choices.

Health Literacy and Socio-Cultural Tailoring of Health Promotion Education for Public Housing Neighborhoods
Gayle Bentley, director of undergraduate programs for the School of Nursing and assistant professor of biobehavioral nursing

Sister to Sister is an MCG program aimed at helping women in Augusta public housing projects stop smoking. Dr. Bentley used focus groups, literacy level evaluations, interviews and field-testing to create effective materials for the program. The materials are written at an appropriate reading level and emphasize themes such as spirituality, collectivism and kinship. "Such an understanding can help enable health care and health system workers to service people more effectively," Dr. Bentley says.
"With that, we can employ strategies that reduce health disparities in this population."

Development, Implementation and Evaluation of a Nurse-Managed Outpatient Smoking-Cessation Clinic
Sharon Bennett, assistant professor of biobehavioral nursing

Dr. Bennett developed and implemented a nurse-managed program for MCG employees, students, patients and patient families who wanted to quit smoking. For six weeks, participants went to group counseling sessions and received nicotine replacement therapy.
Dr. Bennett worked to determine barriers, such as depression and readiness to quit, that might impede their success. She found that regardless of their differences—how much they smoked or how ready they were to quit—participants could kick the habit. At the end of the program, 13 out of 18 people had quit smoking. "Advance-practice nurses are in prime position to assume leadership with local, regional and national tobacco-cessation initiatives," Dr. Bennett says.
"They can provide significant contributions to the evidence for effective cessation practices and are working to develop and implement innovative and effective approaches for cessation treatments."

Jennifer Hilliard

Innovation in

Curricula Emphasize Patient- and Family-Centered Care

She's not a health care professional, but Nettie Engels, in remission after being diagnosed with cervical uterine cancer in 2003, has a lot to teach MCG students.

"There is so much more to patients aside from their illness," she said. "We have lives, children, grandchildren, careers, and that whole person needs to be treated."

Mrs. Engels is a member of the MCG Family Faculty, composed of people who have dealt with chronic illness or disability personally or in their family and are willing to share their experiences with students and health care professionals.

"I think the more [students] learn and experience before they see their first patient, the more opportunity they get to think about how they will treat their patients," Mrs. Engels explained. "In my case, I'm old enough to be their grandmother; I would like to be treated the same as they would treat their grandmother."

The Family Faculty is just one example of how MCG is integrating patient- and family-centered care into its campuswide curriculum. The university first embraced the philosophy in 1993 when patients and family members were invited to help plan and design the Children's Medical Center. MCG created a strategic plan to implement patient- and family-centered care throughout the institution in 1997.

NETTIE ENGELS

"This philosophy empowers patients and families so they are actively engaged in their own health care," said Pat Sodomka, director of the MCG Center for Patient- and Family-Centered Care and senior vice president for patient- and family-centered care for MCG Health, Inc. "We've learned that the quality of care improves when we involve patients and families."

After the success of the Children's Medical Center, MCG Health, Inc., which began managing clinical facilities in 2000, incorporated patients' perspectives in the redesign of several areas of MCG Medical Center, including the mammography area of Breast Health Services and the Neuroscience Adult Inpatient Unit. The MCG Center for Patient- and Family-Centered Care was established in 2004 to help integrate the philosophy into the university's educational and research mission.

"This is a new way of delivering health care where patients and families are committed partners in the overall success of the whole enterprise," said Dr. Roman Cibirka, associate provost and vice president of instruction. "We see ourselves as a model of this emerging national trend."

A Curriculum Committee, chaired by Dr. Cibirka and Ms. Sodomka, last year began incorporating patient- and family-centered care into the curricula of all academic programs. The committee plans to introduce an interdisciplinary course that will be a graduation requirement for all MCG students.

"I think that this type of course may serve a greater value and purpose," Dr. Cibirka said. "It's something that may not only be great for the institution but may have extended value to a

number of institutions across the state that deliver health professions education."

Even though the concept is relatively new to the curriculum, faculty and staff have supported the underlying ideas for years.

"Most of the key concepts have always been a part of what we teach," explained Dr. Gayle Bentley, assistant professor and director of the undergraduate program in biobehavioral nursing. "The Curriculum Committee enables us as faculty from all disciplines to discuss approaches for supporting these concepts. We share the same goal: to instill in our students the value of patient- and family-centered care that will translate into best outcomes for patients and families."

The MCG School of Allied Health Sciences, which incorporates the concept into lectures and role-playing, has created an instructional video on the topic that will be available campuswide and beyond. "We're in the process of really putting our hands around it so that our students are aware of what it is and when it is occurring," said Dr. Kent Guion, the school's associate dean for academic affairs.

The School of Dentistry plans to incorporate patient- and family-centered care into the design planning for its new building, according to Dean Connie Drisko. "From the ground up, we want this building to reflect our philosophy: Patients and families are the reason we're here," she said.

The MCG School of Medicine teaches the approach to first- and second-year students through its two-year Essentials of Clinical Medicine sequence. "The first year, we explore how families influence a patient's health care and how the patient's behaviors may impact the families," said Dr. Peggy Wagner, director of the MCG Clinical Skills Center. "I think that broadens our students' understanding of how to more effectively communicate with patients."

Clinical Skills Center labs teach communication skills, techniques to help patients change unhealthy behaviors and the effects of spirituality and cultural influences on health. One class session challenges students to explain to a couple that the husband or wife has Alzheimer's disease—one of many exercises addressing end-of-life issues.

The MCG Graduate Medical Education Office is developing measurement tools to help residency training programs duplicate the approach used at the Children's Medical Center and Neurology Adult Inpatient Unit. "We plan to expand this model to the other 37 residencies on campus, something that will require the help of faculty, staff, nurses and residents," said Dr. Walter Moore, associate dean of graduate medical education.

"We want patients and families to feel fully welcome in the process of care, including them during rounds and when we discuss treatment options. We want the residents to see patients and family members as allies and aids—as very important parts of the health care team." ➸

Kim Miller

DR. ROMAN CIBIRKA AND PAT SODOMKA

Clearing the

SUPPORT IS KEY IN ENACTING CAMPUSWIDE TOBACCO-FREE POLICY

Editor's note: See page 40 to read the success story of an MCG faculty member who kicked a 40-year smoking habit.

Air

The irony is not lost on Diana Morris that she spends lots of time these days amassing smoking-cessation materials for her supervisor, Vice President for University Advancement R. Bryan Ginn Jr.

As co-chair of an MCG committee to eliminate all tobacco use on campus by next November, Mr. Ginn has been elbow-deep lately in cessation-related literature. As his administrative assistant, Ms. Morris has been right by his side ... except when she slips out of the building periodically to take a cigarette break.

Ms. Morris, recipient of MCG's 2006 Erie P. Blissit Award for exceptional service, knows how hard it will be to kick a 30-year, pack-a-day habit, but she is gratified that MCG's expanded tobacco-free initiative—banning tobacco everywhere on campus, inside and out—has increased her motivation to finally kick a habit she has grown to loathe.

"I hate everything about smoking," she said. "I wish cigarettes had never been invented. I started in high school because everybody else was doing it. I quit when I was pregnant with my first son, but then I started back again, and at that point, I was truly addicted. I'm ashamed that I smoke, ashamed that I allow myself to continue. People say that smoking relieves stress, but I've found that it just creates it."

She has already stopped smoking in her home and car, refusing to contaminate her precious grandson's environment, and she hopes the inability to smoke at work will finally help her join the ranks of non-smokers.

"I HATE EVERYTHING ABOUT SMOKING. I WISH CIGARETTES HAD NEVER BEEN INVENTED. I STARTED IN HIGH SCHOOL BECAUSE EVERYBODY ELSE WAS DOING IT."
—DIANA MORRIS, PICTURED WITH GRANDSON DENNIS—HER INSPIRATION TO QUIT

"I hate stepping out for cigarette breaks," she said. "I know people look at me like, 'Poor thing ... she knows smoking is bad for her, yet she still can't quit.'"

Actually, she's not far off the mark. Empathy is in ample supply as the university embarks on what administrators know will be a tough challenge for smoking and smokeless tobacco users. Biomedical researchers and health care clinicians are particularly attuned to the reality that tobacco use is a physical addiction. All the will power in the world can be circumvented by the brain's conditioned desire for nicotine, and smokers have nothing to be ashamed of. They need assistance, not scorn.

This is the philosophy guiding MCG's enterprisewide tobacco-free policy, scheduled to be fully in place by the next Great American Smokeout Nov. 15.

It's the right thing to do, say MCG President Daniel W. Rahn, MCG Health, Inc. President and CEO Don Snell and Physicians Practice Group President and CEO Curt Steinhart.

With surveys showing that three-fourths of tobacco users want to quit, that tobacco use causes nearly half a million deaths annually in the United States, that estimated medical costs for tobacco users are up to 32 times higher than for non-users and run an estimated $50 billion a year, implementing a tobacco-free environment is a no-brainer, they say.

Mr. Ginn and Deborah Humphrey, MCGHI director of public relations and co-chair of the task force, joined Dr. Rahn, Mr. Snell and Dr. Steinhart Nov. 29 in the Large Auditorium for a town-hall meeting to announce the initiative and address people's concerns.

"Are we talking about going cold turkey here?" asked one audience member, amid chuckles.

Not at all. "We will proceed very thoughtfully," assured Ms. Humphrey.

"The structure is in place now," said Mr. Ginn. "The action will be ongoing."

The task force is divided into three areas. A benchmarking and

MCG ADMINISTRATORS FIELD QUESTIONS DURING TOWN-HALL MEETING.

data collection team chaired by Sharon Bennett, associate professor in the MCG School of Nursing, will examine how other academic medical centers and University System of Georgia institutions are addressing the issue. They will investigate relevant legislation, local ordinances and potential ramifications.

A second team will concentrate on human impact and enforcement, looking into cessation and exercise programs, possible reductions in health insurance premiums, non-compliance issues and the overall effect on all parties. Rick Tobias, vice president of facility services for MCGHI, chairs the committee.

The implementation and reporting team, chaired by Caryl Brown, MCG director of strategic communications, will conduct attitude and perception surveys, implement communication plans and submit the final report, including budget.

The tobacco-free initiative is a logical extension of MCG's mission to improve health and reduce the burden of illness in society, pointed out Dr. Rahn. Potential benefits include increased productivity, reduced absenteeism, lower medical costs, a cleaner environment and the good will resulting from a common goal and the university-wide commitment to improve its community's health.

A commitment to individual well-being produces cumulative benefits as well, noted Dr. Steinhart. "Business wants to keep employees healthy and productive," he said. "In the competitive world of health care, frankly, tobacco use is bad business."

"I DON'T THINK ANYTHING ABOUT IT IS UNFAIR. I THINK SMOKING IS UNFAIR. I DON'T LIKE SUBJECTING NON-SMOKERS TO MY SECOND-HAND SMOKE."

–DIANA MORRIS

"The stakes are much higher now," concurred Mr. Snell. "From an HI perspective, tobacco use impacts heavily on patient satisfaction. Emotions run high."

Employees will be offered tobacco-cessation programs that have proven effective across age, gender and ethnicity lines. Cessation counseling alone has been shown to dramatically increase quit rates, while programs that combine counseling with nicotine replacement aids or other drug therapies have helped many adults quit permanently.

"I think the cessation programs will be a great help, and I plan to take advantage of them," said Ms. Morris. Although she knows the coming months will be a struggle for MCG tobacco users, she considers the policy more than fair. "I don't think anything about it is unfair. I think smoking is unfair. I don't like subjecting non-smokers to my second-hand smoke."

She also finds a certain nobility in bearing a torch for future generations. "Even if this policy doesn't help current smokers—after all, not everybody wants to quit—it will help our children and their children. The harder it is to smoke, the less likely it is that people will do it. We need to start somewhere." ➸

Christine Hurley Deriso and Sharron Walls

THE BENEFITS OF QUITTING AFTER*...

20 MINUTES	YOUR BLOOD PRESSURE DROPS TO A LEVEL CLOSE TO THAT BEFORE THE LAST CIGARETTE. THE TEMPERATURE OF YOUR HANDS AND FEET INCREASES TO NORMAL.
8 HOURS	THE CARBON MONOXIDE LEVEL IN YOUR BLOOD DROPS TO NORMAL.
24 HOURS	YOUR CHANCE OF A HEART ATTACK DECREASES.
2 WEEKS TO 3 MONTHS	YOUR CIRCULATION IMPROVES AND YOUR LUNG FUNCTION INCREASES UP TO 30 PERCENT.
1 TO 9 MONTHS	COUGHING, SINUS CONGESTION, FATIGUE AND SHORTNESS OF BREATH DECREASE; CILIA REGAIN NORMAL FUNCTION IN THE LUNGS, INCREASING THE ABILITY TO HANDLE MUCUS, CLEAN THE LUNGS AND REDUCE INFECTION.
1 YEAR	THE EXCESS RISK OF CORONARY HEART DISEASE IS HALF THAT OF A SMOKER'S.
5 YEARS	YOUR STROKE RISK IS REDUCED TO THAT OF A NON-SMOKER.
10 YEARS	THE LUNG CANCER DEATH RATE IS ABOUT HALF THAT OF A CONTINUING SMOKER'S. THE RISKS OF CANCER OF THE MOUTH, THROAT, ESOPHAGUS, BLADDER, KIDNEY AND PANCREAS DECREASE.
15 YEARS	THE RISK OF CORONARY HEART DISEASE IS THAT OF A NONSMOKER'S.

**According to the American Lung Association*

'Gadget Geek' Extraordinaire

DR. SCHNUCK RECEIVES VESSEL OF LIFE AWARD

The Medical College of Georgia has presented its 2006 Vessel of Life Award to Dr. Lloyd B. Schnuck Jr., an MCG alumnus and faculty member.

President Daniel W. Rahn presented the award, which honors professional achievement and contributions to society that enhance MCG's mission of education, research and service, at the annual President's Dinner Nov. 4.

"Dr. Schnuck refers to himself as a 'gadget geek,'" President Rahn said in presenting the award. "In his case, gadgets represent equipment, machines and technology that save lives. Geekiness represents a tireless, single-minded commitment to excellence, which translates into terrific outcomes for patients."

Dr. Schnuck cited the "big shoulders to stand on" of past Vessel of Life Award recipients, adding, "I am humbled and honored by this presentation."

He expressed appreciation to Dr. Rahn for the "vision and insight" to help MCG reach new heights and to his recently deceased wife, Barbara, "who inspired me every day to be a better clinician and to aspire to higher goals."

Dr. Schnuck earned his medical degree from MCG in 1968, interned at University Hospital, then served in the U.S. Army for three years. His service included a tour of duty in Vietnam where he volunteered in orphanages and hospitals. His military honors include a Bronze Star, Air Medal, Vietnam Campaign Medal and National Service Defense Medal.

He completed a diagnostic radiology residency at MCG in 1974 and returned in 1995 to complete a body imaging fellowship. He has been an assistant professor of radiology at MCG since 1996. Dr. Schnuck recently was named chief of the Department of Imaging and Radiology at the Augusta Veterans Affairs Medical Center.

An enthusiastic supporter of his alma mater, he has served as president of the Alumni Association of the Medical College of Georgia School of Medicine, Inc., and as an MCG Foundation, Inc., board member. He recently established an MCG scholarship endowment for students in financial need.

He has committed to fund the Lloyd B. Schnuck Jr., M.D./GRA Eminent Scholar in Breast Cancer with matching funds from the Georgia Research Alliance.

"His generosity and altruism have only grown through the years," Dr. Rahn said. "His devotion is to the well-being of others."

Dr. Schnuck is a fellow of the American College of Radiology and a member of the Society of Nuclear Medicine, the American Medical Association, the Radiological Society of North America, the Medical Association of Georgia and the Richmond County Medical Society. He is a member and former president of the Georgia Radiological Society. His awards include the American Medical Association Physicians Recognition Award with Commendation and the 2006 Outstanding Philanthropist Award from the Augusta Chapter of the Association of Fundraising Professionals. ➸

Jennifer Hilliard with Christine Hurley Deriso

PRESIDENT DANIEL W. RAHN PRESENTS AWARD TO DR. SCHNUCK

Dr. Michael B. Rogers

GDA President Pledges Statewide Support for Dental School

Dr. Michael B. Rogers, an Augusta orthodontist, loves the satisfaction of knowing that his work provides lifelong benefits for his patients.

"Orthodontics improves people's lives on so many levels—their looks, their self-confidence, even their career prospects," says Dr. Rogers. "It's very fulfilling to play a role in that."

He considers it a natural extension—and a distinct honor and privilege—to advocate for patients statewide as the newly inaugurated president of the Georgia Dental Association.

"There's a lot on the table," Dr. Rogers says of his new post. "We have several issues we're studying and want to determine the appropriate environment to address them."

This means working with dentists, patients, legislators, community leaders, educators and others who can help the association achieve its goal of optimizing oral health in Georgia. That being the case, he is thrilled to have such a close affiliation with the MCG School of Dentistry, where he completed orthodontics training in 1973 after earning a dental degree from Emory University.

"I feel good about the school. Dean Drisko and I help each other every opportunity we get," says Dr. Rogers, who is a clinical faculty member and a mentor for MCG dental students.

Dr. Rogers recently went a step further in demonstrating his commitment to the dental school, making a $50,000 gift over a five-year period. "I feel it's important to give back to the institution," he says. "I want to do whatever I can to help the school."

The GDA also is stepping up to the plate with a $50,000 donation to the school's building initiative. "I think the school needs a new facility and needs to expand the class size. Certainly it needs to be able to employ all the new technology and needs more research space. A new facility will allow the school to do those things. We want to do our part in helping the drive," he says, noting he stresses the importance of supporting the school when he visits GDA districts throughout the state.

Dr. Rogers' GDA presidency is the latest in a long string of positions in organized dentistry. He is a past president of the Eastern District Dental Society, Southern Association of Orthodontists, Augusta Dental Society, Georgia Association of Orthodontists, MCG School of Dentistry Orthodontic Alumni Association and Psi Omega Dental Fraternity. A fellow of the American College of Dentists and the International College of Dentists, Dr. Rogers was named a Georgia Dental Association Honorable Fellow in 1988 and is a Pierre Fauchard Academy Fellow. He serves on the Board of Trustees of the American Association of Orthodontists and is slated to become president of the 14,500-member association in 2011.

His dedication hasn't gone unnoticed by his peers. He received a Georgia Association of Orthodontists Exemplary Service Award in 1991 and an Oren A. Oliver Southern Association of Orthodontists Distinguished Service Award in 2002.

"I always enjoyed working with my hands and enjoyed the medical field also, so orthodontics seemed like a natural fit," he says.

He has enjoyed witnessing the field's advances in the past 30 years, including bonding techniques, improved brackets and space-age wires that return to their original shape, minimizing appointments. "We're always looking for better ways to achieve the best results," he says.

Dr. Rogers, who plays golf and runs marathons in his spare time, has raised four children with wife Beth. His son-in-law, Lee Andrews, recently completed an orthodontics residency at MCG and will join his practice soon.

He hopes his involvement in organized dentistry and his support of MCG will both help and inspire future generations of dentists. "I think alumni need to try to give back to the institution that educated them," he says. "It gives others the opportunity to follow in our footsteps."

Christine Hurley Deriso

Financial Resolutions for the New Year

Many of us usher in the new year with resolutions, often revolving around health and wellness. (Will we *ever* drop those pesky 10 pounds?)

This year, why not consider a different kind of wellness resolution—making charitable giving to MCG a priority? Americans give generously to non-profit organizations, but most donations come in December, when tax season is just around the corner.

Of course, tax benefits aren't limited to year-end gifts. The timing of a gift is often critical in helping MCG advance its goal of improving health and reducing the burden of illness in society.

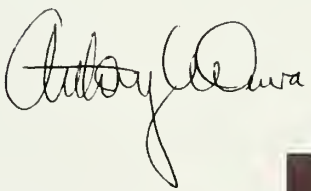
Most MCG gifts come in the form of an endowment—cash, property, stocks, etc., that provides income for a specified fund, department or initiative. These gifts are not always immediately transferable; they require adequate investment time. Therefore, income from an endowed gift provided to MCG in December may not be distributed for 12 to 18 months. In addition, university policies require strict processing guidelines for donations—another potentially time consuming delay.

A well thought-out approach to charitable giving can optimize your generosity by factoring in considerations such as budget, timing and long-term goals. Which MCG initiatives are closest to your heart? Do you have a loved one with Parkinson's disease? Have you lost a family member to cancer? Do you yourself struggle with diabetes or high blood pressure? MCG is breaking new ground daily in better treating—and ideally curing—these and many other diseases. The more deliberate your approach to giving to MCG, the better you can target your generosity and ensure that your gift is promptly put to good use.

INFORMATION IN THIS ARTICLE IS NOT INTENDED AS LEGAL ADVICE. FOR LEGAL ADVICE, PLEASE CONSULT AN ATTORNEY. TAX LAWS ARE SUBJECT TO CHANGE.

Professionals in the MCG Division of University Advancement are available to help faculty, alumni and friends of the institution plan their charitable giving. For more information on how to maximize your financial gift and minimize your tax liability, call me or drop me an e-mail.

Sincerely,



Anthony (Tony) Duva
Associate Vice President for Gift Planning
800-869-1113
aduva@mcg.edu

Options for Remembering MCG in Your Will

- A bequest of a fixed dollar amount.
- A percentage of your estate, allowing you to keep the division of the estate residue in desired proportions regardless of its size.
- A contingent gift in which funds go to MCG if a designated beneficiary predeceases you.
- A trust that pays income to a designated individual for life, with the remaining principal to be given to MCG thereafter.
- A gift in memory/honor of yourself, your family or a person you have loved or admired.

News MAKERS

Recent MCG Health, Inc. promotions include Michael Dixon, vice president of professional services; Robert McVicker, associate vice president for decision support and business planning; and Teri Perry, vice president of adult patient care services.

Dr. Stephen M. Black, cell and molecular physiologist in the Vascular Biology Center, has been named to the National Heart, Lung and Blood Institute's Board of Scientific Counselors. He also has been named to its Program Project Review Committee, which supports multidisciplinary research regarding the heart, blood vessels, lungs and blood as well as transfusion medicine, blood resources and sleep disorders.

Dr. Darrell W. Brann, associate director of the Institute of Neuroscience, has been named director of the neuroscience graduate program. He played a key role in the design and administration of the neuroscience graduate education curriculum and is co-director of a five-year National Institutes of Health training grant in neurodegenerative diseases and neural repair.

Dr. Peter Buckley, chair of the Department of Psychiatry and Health Behavior, will help review applications for a National Institutes of Health initiative to ensure adequate numbers of well-trained scientists working in biomedical behavioral and clinical research.

Dr. David M. Pollock, professor in the Vascular Biology Center, has been named *Hypertension's* top editorial board reviewer. Dr. Pollock, an editorial board member since 2003, was cited in the journal's annual report to the board for the period Sept. 1, 2005-Aug. 31, 2006. The journal also cited Dr. Pollock as an Outstanding Reviewer in its previous fiscal year.

Dr. Shirley Quarles, associate professor of health environments and systems in the School of Nursing, has been appointed chair of the U.S. Department of Veterans Affairs Advisory Committee on Women Veterans. Her tenure will run through 2008.

Dr. Sandra B. Sexson, chief of the Section of Child, Adolescent and Family Psychiatry, received the 2006 American Academy of Child & Adolescent Psychiatry's Catcher in the Rye Award for leadership in her field. She also has been named chair of the American Psychiatric Association's Council on Medical Education and Lifelong Learning.

Fatima Cody Stanford, a fourth-year medical student, published her first book, *Deja Review: Behavioral Science*, in October. The book, published by McGraw-Hill Medical Publishing, is part of a series to help prepare medical students for Step 1 of the U.S. Medical Licensing Examination. Ms. Stanford was chosen to write the review book for behavioral science because of her experience with standardized exams as an instructor for The Princeton Review and as a reviewer for McGraw-Hill.

Drs. Jennifer Sullivan and Jeffrey Olearczyk, instructor and postdoctoral fellow, respectively, in the Vascular Biology Center, have received Merck New Investigator Awards from the Council for High Blood Pressure Research and the Council on the Kidney in Cardiovascular Disease. The awards honor 10 new investigators who presented abstracts at the American Heart Association's 60th Annual Fall Conference and Scientific Sessions of the Council for High Blood Pressure Research.

Dr. Wen-Cheng Xiong, Weiss Research Professor, has been named to the editorial board of the *Journal of Biological Chemistry*.

New FACES

Dr. Susan Anderson, instructor of otolaryngology, earned a bachelor's degree from Montana State University and an osteopathy doctorate from Des Moines University.

Dr. Ann Becker, assistant professor of surgery, assistant professor of urology, completed medical school and a urology residency from Eastern Virginia Medical School, where she was named Intern of the Year in 2002.

Dr. Mini Bhaskar, assistant professor of rheumatology, completed an internal medicine residency and rheumatology fellowship at MCG. She is a member of the Georgia Society of Rheumatology.

Dr. Traesa Brown, assistant professor of family medicine, earned a bachelor's degree from Winthrop University and a medical degree from Ross University.

Dr. Samuel Chan, associate professor of hematology/oncology, is principal investigator of clinical trials at Medical Oncology Associates in Augusta and previously served as a clinical investigator at the National Cancer Institute.

Dr. Albert Shou-Yen Chang, assistant professor of cardiothoracic surgery, completed a thoracic and cardiovascular surgery residency at the Cleveland Clinic. He specializes in benign and cancerous diseases of the lungs and esophagus.

Kathleen Clark, assistant professor of respiratory therapy, earned a bachelor's degree from the State University of New York College of Environmental Sciences and a master of science degree from the University of Wyoming.

Lisa Daitch, assistant professor of physician assistant, is clinical research coordinator and education coordinator for MCG's Adult Sickle Cell Clinic. She earned a bachelor's degree in physician assistant from MCG and a master's degree in physician assistant studies from the University of Nebraska.

Dr. Steven Greer, assistant professor of family medicine and orthopedic surgery, earned his medical degree from St. George's University.

Dr. Thomas Fuhrman, professor of anesthesiology, previously served as professor of anesthesiology/neurosurgery and program director of the anesthesiology residency program at the University of Kentucky.

Dr. William Hammond, professor of anesthesiology, previously was a professor of anesthesiology at the University of Iowa. He earned his medical degree from the University of Louisville and a master of public health degree in epidemiology from Emory University.

Dr. Erin Holsten, assistant professor of obstetrics/gynecology, graduated from the MCG School of Medicine in 2002.

W. Mansfield Jennings Jr., chair and chief executive officer of ComSouth Corp. and chair of SunMark Community Bank, has been appointed to the MCG Health, Inc. Board of Directors. He is also a member of the University System of Georgia Board of Regents.

Dr. Sandra Johnson, associate professor of ophthalmology, previously served as an associate professor of surgery at Dartmouth Medical School.

Dr. Rebecca Jump, assistant professor of anesthesiology and psychiatry/health behavior, earned a Ph.D. and completed a postdoctoral fellowship in pain psychology from the University of Florida.

Dr. Timothy Kinsey, assistant professor of pediatrics, completed a pediatrics internship and residency at MCG.

Dr. Andrew Kious, assistant professor of oral rehabilitation, previously served as a colonel in the U.S. Air Force and was a teaching assistant at the University of Iowa. He earned his dental degree from the University of Iowa.

Dr. Edward James Kruse, assistant professor of surgical oncology, recently completed a surgical oncology fellowship at Virginia Commonwealth University in Richmond. His research interests include neoadjuvant chemotherapy for breast cancer and surgical education.

Dr. Chandra Kunavarapu, assistant professor of cardiology, is a heart failure and transplant specialist who recently completed an adult cardiovascular fellowship at the State University of New York. He will help MCG develop a cardiac transplant program.

Dr. Frances Martin, assistant professor of biobehavioral nursing on the School of Nursing Athens campus, has 40 years of experience in nursing and over 30 years of experience as an educator.

Dr. Jo Endres Maypole, director of development for MCG Health, Inc., leads fundraising activities, including those involving grateful patients, major donors, corporations and foundations.

Dr. Brian J. McKinnon, assistant professor of otolaryngology-head and neck surgery, is the former chief of otology/neurotology at Walter Reed Army Medical Center, where he served as otolaryngologist for the White House Medical Unit and Pentagon. He was a founder of Walter Reed's cochlear implant and implantable hearing devices program and has lectured internationally on these devices.

Dr. Siuli Mukhopadhyay, assistant professor of biostatistics, earned a master's degree in statistics from Calcutta University and a Ph.D. in statistics from the University of Florida. Research interests include generalized linear models, generalized linear mixed models and nonlinear mixed effect models.

Dr. Lee Mullinax, instructor of anesthesiology, completed a general surgery internship, general surgery residency and anesthesiology residency at MCG.

Dr. Anjali Parish, assistant professor of pediatrics, came to MCG from Alaska Neonatology Associates, Inc. She completed a neonatal-perinatal fellowship from MCG.

Dr. Anilkumar Pillai, assistant research scientist in psychiatry, earned a Ph.D. in biochemistry from the University of Baroda in India. His specialty is the neurobiology of schizophrenia.

Dr. Zbigniew Rogozinski, assistant professor of anesthesiology, earned his medical degree from Jagiellonian University School of Medicine in Poland and completed a pain management fellowship at the University of Kentucky Hospital.

Dr. Richard Warren Sattin, director of research for the Department of Emergency Medicine, previously served as associate director for science in the Centers for Disease Control and Prevention's National Center for Injury Prevention and Control Division of Injury Response.

Dr. Tsugio Seki, assistant professor of physiology, earned a medical degree and Ph.D. in molecular biology and biochemistry from Okayama University Medical School in Japan.

Dr. Mary Sheram, assistant professor of pediatrics, earned her medical degree from MCG and completed a pediatric critical care fellowship at the University of Virginia School of Medicine.

Dr. Jonathan Tsai, assistant professor of neuro-ophthalmology, earned his medical degree from the University of South Carolina and completed a neuro-ophthalmology/ophthalmic plastic and reconstructive surgery fellowship at the University of Oklahoma Health Sciences Center.

Dr. Tracy Travis, assistant professor of emergency medicine, earned her medical degree from Eastern Virginia Medical School.

Dr. Yvrose Valcourt, assistant professor of pediatrics, earned a medical degree from the State University of Haiti and came to MCG from Nyack Hospital in Nyack, N.Y.

Dr. Sara Young, assistant professor of family medicine, earned her bachelor's and medical degrees from Boston University.

WELCOME TO MCG!

Reconnect and Rediscover

HOMECOMING 2007

April 26-29

Change is in the air on the Medical College of Georgia campus. Everywhere you look, you'll see something new, including the MCG Cancer Center, Health Sciences Building, Betty Browning Tollison Reflection Garden and beautiful new green space, to name just a few recent additions. But some things never change. Tradition permeates the campus, and azaleas still cloak the university in color every spring.

Join us to reconnect and rediscover during the 2007 MCG Homecoming celebration. Events are planned for alumni, faculty and students of all five schools.

Check out this list of school-by-school activities and make plans today to attend. Registration is required, and advance registration is strongly encouraged. (Space for some events is limited.) Alumni have been mailed brochures and registration forms.

To register online, visit www.mcg.edu/Alumni/Homecoming.html

Events for All Alumni

On-site registration
MCG Alumni Center
Thursday, April 26, 9 a.m. to 2 p.m.
Friday, April 27, 9 a.m. to 3 p.m.
Saturday, April 28, 9 a.m. to 3 p.m.

Friday, April 27

Campus History Bus Tour and Luncheon
Noon, MCG Alumni Center

Hospitality Suite
3-5 p.m., Marriott Hotel and Suites

Saturday, April 28

President's Cookout
Noon, President's Home
Join Dr. and Mrs. Daniel W. Rahn for an old-fashioned backyard cookout. Bring the whole family!

Hospitality Suite
3-6 p.m., Marriott Hotel and Suites

Homecoming Dance
9:45 p.m., Marriott Hotel and Suites featuring *The Funktion.*
This versatile band with over 20 years of performance experience is a crowd pleaser, with selections including jazz, rock, beach, oldies, R&B and, of course, funk.

School of Allied Health Sciences

Thursday, April 26
Biomedical and Radiological Technologies Program: "Stem Cells and Stem Cell Transplants from A-Z," MCG Alumni Center. *Dr. Edmund K. Waller, professor of medicine and oncology and director of the Bone Marrow and Stem Cell Transplant Center at Emory University's Winship Cancer Institute, and Ellie Hamilton, supervisor of Emory's Hematopoetic Progenitor Laboratory, will discuss concepts of stem cells, how stem cells are measured and stem cell therapy for cancer and heart disease. Continuing education credits available (one hour of instructional time).*

5:30-6:30 p.m. – Buffet Dinner
6:30-7:30 p.m. – Continuing Education Presentation
7:30-8:30 p.m. – Distinguished Alumnus Awards

Friday, April 27
Dental Hygiene Alumni Day, 7:50 a.m.-12:15 p.m., MCG Alumni Center. MCG dental hygiene alumni, $65; others, $85. *Stacy McCauley, professional educator for Philips/Sonicare, will discuss "Oral Health Interventions for Infants, Children and Teens." Four hours of continuing education credit.*

Saturday, April 28
Time Capsule Ceremony, 9:30 a.m., Health Sciences Building. *Join us as we bury a time capsule full of School of Allied Health Sciences memorabilia. The time capsule will be entombed for 25 years, leaving a historical record of the school.*

Health Sciences Building tours, 10 a.m. to noon. *Come see allied health sciences labs and classrooms in MCG's newest building. Tours open to all Homecoming attendees.*

School of Allied Health Sciences Banquet featuring 2007 Distinguished Alumna Emily Craig, Ph.D. (medical illustration, '76), 6:30 p.m., Marriott Hotel and Suites, $35. *Dr. Craig, Kentucky's state forensic anthropologist, will discuss her career, detailed in her book,* Teasing Secrets from the Dead: My Investigations at America's Most Infamous Crime Scenes. *Student scholarships and Alumni Association lifetime member awards also will be presented.*

For more information, call 800-869-1113 or visit www.mcg.edu/Alumni/Homecoming.html.

School of Dentistry

Thursday, April 26
Table Clinic Day, MCG Wellness Center, 9:30 a.m. *Join us for a full day of fun and education as vendors demonstrate their products and students present table clinics.*

Student and Faculty Talent Show, 7 p.m., MCG Auditoria Center, Large Auditorium, room 141. *Come see just how talented and comical our students, alumni and faculty really are!*

Friday, April 27
29th Annual Goldstein Lectureship: "Esthetics" by Dr. Gerald Chiche, and luncheon honoring Distinguished Alumnus Clark Carroll, D.M.D. ('74), 7:30 a.m. course registration, 8 a.m. lecture, noon lunch, Marriott Hotel and Suites, $75

School of Dentistry Alumni Association Reception, 3:15-5:30 p.m., Marriott Hotel and Suites, *featuring light hors d'oeuvres and conversation in a relaxed setting with fellow alumni, faculty and friends.*

Saturday, April 28
Saturday CE with Faculty, School of Dentistry room 1020, 8:30 a.m. Continental breakfast, 9-11 a.m. program. Free for School of Dentistry Alumni Association members and lifetime members, $45 for others. (Pre-registration required.)

Canal Boat Tour, 3 p.m., Augusta Canal Interpretive Center, sponsored by the School of Dentistry Alumni Association. *Dr. Wade Hammer, a retired faculty member, will be our captain as we voyage down the great Augusta Canal.*

School of Dentistry Banquet celebrating reunions for the classes of 1977, 1982, 1987, 1992 and 1997, 6 p.m., Marriott Hotel and Suites, $40. *All School of Dentistry alumni, faculty and friends invited.*

Tim Conway Photography will take class photographs. $20 per 8X10, payable to the photographer by cash, check or credit card.

If you and a group of friends are interested in playing golf, contact Barrett Trotter at 706-860-2442 by April 13 to schedule tee times.

School of Graduate Studies

Thursday, April 26
School of Graduate Studies Alumni Association Board Meeting, noon, MCG Alumni Center

Friday, April 27
School of Graduate Studies Alumni Association Distinguished Alumnus Award Presentation and Speech honoring Distinguished Alumnus Laura Murphy, Ph.D. (endocrinology, '83), 6 p.m., MCG Alumni Center, $25

School of Medicine

Friday, April 27
School of Medicine Dean's Reception, 5:30 p.m., Old Medical College

School of Medicine Alumni Association Banquet featuring Distinguished Alumnus for Loyalty Walter E. Brown Jr., M.D. ('64) and Distinguished Alumnus for Professional Achievement Arthur C. Fleischer, M.D. ('77), plus installation of the Alumni Association president and recognition of the classes of 1947, 1952, 1957, 1962 and 1967, 6:30 p.m., Old Medical College, $45

Other reunion classes are 1972, 1977, 1982, 1987, 1992, 1997 and 2002. *A table can be reserved for your class.*

Saturday, April 28
School of Medicine Alumni Association Board Meeting, 9:30 a.m., Alumni Center

School of Medicine Reunions for the classes of 1947, 1952, 1957, 1962, 1967, 1972, 1977, 1982, 1987, 1992, 1997, 2002. 6 p.m., Marriott Hotel and Suites, $50

Tim Conway Photography will take class photographs. $20 per 8X10, payable to the photographer by cash, check or credit card.

Sunday, April 29
School of Medicine Alumni Association Memorial Service, 10:30 a.m., Old Medical College

School of Medicine Alumni Association Emeritus Club Luncheon, 11:30 a.m., Old Medical College, $27

School of Nursing

Saturday, April 28
School of Nursing Dean's Brunch, 9:30 a.m., Health Sciences Building, featuring a historical display, poster presentations, faculty-guided tours and an update on the school from Dean Lucy Marion. *This is the perfect opportunity to visit MCG's newest building, home to the School of Nursing. The reunion class of 1972 will be recognized.*

School of Nursing Alumni Association Banquet and presentation of 2007 Distinguished Alumni Awards to Dr. Maggie Dorsey, Ph.D. ('76 and '81) and Susan Simmons, Ph.D. ('90), 6:30 p.m., Pinnacle Club, $30. *Highlights will include Dean Lucy Marion's update on the school; reunions for the classes of 1967, 1972 and 1977; and a celebration of the 20th anniversary of the Ph.D. program.*

ALLIED HEALTH SCIENCES

Margaret Lammers Conrad (*dental hygiene, '86*), Sautee-Nacoochee, Ga., has been elected president-elect of the Georgia Dental Hygienists' Association. She attended a National Component Officers Workshop in Chicago Nov. 26-28.

Cecelia Brannon (*physical therapy, '00*) is earning a master of business administration degree from Auburn University and is director of rehabilitation services at the Longterm Hospital at Jackson Hospital in Montgomery, Ala.

Gretchen Green Blanchard (*dental hygiene, '03*) is earning a dental degree from MCG and plans to graduate this spring. She married Patrick G. Blanchard Jr. Aug. 12 in Augusta.

DENTISTRY

Dr. Roger E. McLendon (*'83*), Durham, N.C., has been named chief of surgical pathology at Duke Medical Center. The seventh edition of his book, *Russell and Rubinstein's Pathology of Tumors of the Nervous System* (A Hodder Arnold Publication), was recently published. A co-author was MCG alumnus Darell D. Bigner, also of Duke.

GRADUATE STUDIES

Dr. David O. Wood (*cell and molecular biology, '78*), Mobile, Ala., has been named professor and chair of the Department of Microbiology and Immunology at the University of South Alabama College of Medicine. He joined the faculty in 1979 and is a Distinguished University Professor of Microbiology and Immunology. He is an internationally renowned researcher on Rickettsial biology and is president of the American Society of Rickettsiology and the Southeastern branch of the American Society for Microbiology. He has received three National Institutes of Health grants, including a prestigious Method to Extend Research in Time Award.

MEDICINE

Dr. William Ogden (*'65*), Asheville, N.C., has received an honorary doctor of public service degree from Presbyterian College. After graduating from MCG, he completed an orthopedic residency at Duke Medical Center. After years of private practice, he joined the staff at Ashville's Department of Veterans Affairs Medical Center, where he trains Duke orthopedic residents during their VA rotation.

Dr. Frank Rossiter Jr. (*'66*), Savannah, Ga., has been named to the Southern Catholic College Board of Trustees. He retired as a colonel in the Georgia Army National Guard in 2000 and retired from medicine in 2003.

Dr. John Hardin (*'69*) has been named chief science officer for the Arthritis Foundation, overseeing its research program and serving as its lead reviewer and spokesperson on scientific issues. Dr. Hardin, a former chair of the MCG Department of Medicine, in 1984 received the foundation's first Lee Howley Prize with collaborators Drs. Joan Steitz and Michael Lerner for research that uncovered how genetic information is translated into the proteins that make up the cells of the body. They also helped determine the molecular composition of the major lupus autoantigens known as the Sm and U1-RNP particles. Dr. Hardin's subsequent work showed that lupus patients' immune systems treat these particles like foreign substances. He is currently studying how factors such as vitamin D regulate the immune system.

Dr. Garland K. Gudger (*'73*), an orthopedic surgeon at The Hughston Clinic in Columbus, Ga., has been inducted into the LaGrange College Athletic Hall of Fame. He played basketball at LaGrange from 1967-69, averaging 12.5 points a game in his final season and scoring 593 points for his career. He is the team physician for Brookstone Academy in Columbus and volunteers frequently for his community and area athletes.

Dr. Dan DeLoach (*'74*) was recently elected chair of the Medical Association of Georgia Board of Directors. He will serve a three-year term. Dan and his wife, Cameron (School of Nursing B.S.N., '72 and M.S.N., '77), enjoy coastal life with their three sons in Savannah.

Dr. John S. Harvey (*'78*), Atlanta, has received the 2006 Joseph P. Bailey Jr., M.D. Distinguished Service Award from the Medical Association of Georgia. The award honors distinguished and meritorious service. Dr. Harvey, a surgeon at North Fulton Regional Hospital, is board certified in general surgery and has secondary specialties in colorectal, endocrine, laparoscopic and trauma surgery. He has participated in two medical mission trips to the Amazon.

Dr. William B. "Billy" White (*'78*), Canton, Conn., recently married Nancy Maureen Petry at a garden wedding behind their home. Billy is professor of medicine and head of the Division of Hypertension and

Clinical Pharmacology in the Pat and Jim Calhoun Cardiology Center at the University of Connecticut, and his wife is a research professor of psychiatry at the University of Connecticut with expertise in addictive disorders, including pathological gambling. He writes, "Turns out we met about four years ago in the same corridor of the medical school because she got the 'big' office that I was supposed to get. While it caused a brief moment of anger, the result was quite positive!"

Dr. S. William Clark III (*'79*), Waycross, Ga., was inaugurated Sept. 30 as president of the Medical Association of Georgia. Dr. Clark, an ophthalmologist, operates the Clark Eye Clinic in Waycross, treating patients from age 1 to 100. After graduating from MCG, he interned at Eastern Virginia Medical School in Norfolk, Va., and completed a residency at Bascom Palmer Eye Institute at the University of Miami. He completed a combined fellowship in strabismus, oculoplastics and external disease at Emory Eye Center and is certified by the American Board of Ophthalmology. He has assistant clinical professorships at MCG and Emory. Georgia Gov. Sonny Perdue recently appointed him to the Georgia Physician Partnership. He and wife Jill have three daughters.

Dr. Fred L. Daniel (*'79*), Savannah, Ga., has been awarded the 2006 Jack A. Raines Humanitarian Award from the Medical Association of Georgia. The award honors an outstanding humanitarian contribution to mankind and the community beyond the normal practice of medicine. Dr. Daniel has been a member of Ear, Nose and Throat Associates of Savannah since 1984. He is a past president of the Georgia Medical Society and the Georgia Society of Otolaryngology-Head and Neck Surgery.

Dr. John T. "Ted" Perry (*'79*), Cartersville, Ga., has been appointed by Georgia Gov. Sonny Perdue to the Georgia Physicians Partnership. He is president and senior associate at Cartersville Surgical Associates, director of Century Bank and chair of the governmental committee for the Bartow Chamber of Commerce. He is a member of the Medical Association of Georgia, the Georgia Surgical Society, the Atlanta Vascular Society and the Composite State Board of Medical Examiners. Dr. Perry and wife Carlene have three children.

Dr. Jack M. Chapman Jr. (*'88*), Gainesville, Ga., has been named president-elect of the Medical Association of Georgia. Dr. Chapman, an ophthalmologist at Gainesville Eye Associates, is a member of the Hall County Medical Society, Georgia Society of Ophthalmology, American Academy of Ophthalmology, American Medical Association and Greater Hall Chamber of Commerce.

Dr. John-Paul Jones (*'91*), Lynchburg, Va., is a member of Central Virginia Family Physicians and medical director for Computer Physician Order Management. He is board-certified in family practice medicine.

Dr. Marc-Andre Chimonas (*'00*), Elmira, N.Y., has joined Arnot Medical Services in Elmira, specializing in occupational medicine. He completed residencies in preventive medicine at Loma Linda University Medical Center in Loma Linda, Calif., and occupational and environmental medicine at Duke University Hospital in Durham, N.C.

Dr. Jonathan Kerrick (*'01*), Gainesville, Ga., is medical director of the Northeast Georgia Medical Center stroke program and a neurologist with The Longstreet Clinic. He studied violin performance at Florida State University, The Cleveland Institute of Music and Oberlin College. He then earned an undergraduate degree in biology from the University of Georgia. After earning his medical degree, he completed an internship and residency at Wake Forest University Baptist Medical Center in Winston Salem, N.C. He is a member of the American Academy of Neurology.

Dr. Payton Barrett (*'03*), Sacramento, Calif., has joined Sutter Medical Group. She completed her residency at Southwest Georgia Family Medicine Residency Program in Albany, Ga.

Dr. W. John Bull Jr. (*Naperville, Ill.*), who completed a general surgery residency at MCG, specializes in aesthetic and reconstructive treatment of the face, breast and body at his DuPage Plastic Surgery clinic in Naperville. He recently opened a second office in Aurora, Ill.

Dr. Donnis Harrison (*Pascagoula, Miss.*), who completed an internship and residency at MCG, practices with Bienville Orthopaedic Specialists in Pascagoula. He completed a fellowship in shoulder and elbow surgery at The Carroll Clinic in Dallas and is board-eligible in orthopedic surgery. He is on the medical staffs of Ocean Springs Hospital and Singing River Hospital.

Dr. Kelly Scott Hynes, who completed an ophthalmology residency at MCG in 2000, owns 20/20 Vision LLC, an ophthalmology and eyewear boutique, in Columbia, S.C.

OBITUARIES

Dr. Everett Clark Kuglar (*'59*), Augusta, died Sept. 28 at age 72. The prominent psychiatrist was noted for helping transform Georgia's mental health care system in the 1960s, overseeing decentralization of mental health care so patients could be treated closer to home. He advocated for outpatient treatment rather than long-term hospitalization. He also helped establish the Community Mental Health Center, now called Serenity Behavioral Health Systems, in Augusta in 1974. One of the state's first forensic psychiatrists, he was prominent in the legal community and testified frequently in criminal cases. In 1991, he served as commander of the 382nd Field Hospital in Saudi Arabia at the King Fahd National Guard Hospital during Operation Desert Storm.

Dr. Mary Anne Hagler (*'75*) died Dec. 5 at age 79. After earning her undergraduate degree from the University of Georgia, she left MCG her sophomore year to marry and raise five children, then returned years later to fulfill her dream of becoming a physician. At age 54, she graduated, then became the first medical director of Augusta's St. Joseph Hospice. She later became a partner of Family Medicine Associates in Augusta. After 15 years of service, she retired but continued to volunteer for many years. Survivors include her children, 11 grandchildren and seven great-grandchildren.

Dr. William C. Nijem, who completed a cardiology fellowship at MCG in 1980, died Dec. 1 at age 63. Dr. Nijem performed the first cardiac catheterization in Valdosta, Ga., his lifelong home, and retired from private practice in 2004, transferring to the South Georgia Medical Center Honorary Staff. He was a devoted husband and father who loved woodworking, the outdoors and animals. Survivors include wife Julie Fain Nijem, son William C. Nijem Jr., daughter Summer Nijem and stepdaughters Jourdan Coker and Kaylan Coker.

Editor's note: Mary Anne Owen is program director of nuclear medicine technology in the School of Allied Health Sciences.

Reflections

I've Come a Long Way, Baby

by Mary Ann Owens

On Jan. 4, 2007, I celebrated one year without cigarettes. I was a Virginia Slims gal. I've come a long way, baby.

I grew up in the 1950s and '60s watching sexy movie stars smoking cigarettes on black and white TV. I wanted to be sexy, and maybe a movie star. Cigarettes came with the package. I smoked my first cigarette at age 14, stolen from my mother's carton of Parliaments. It made me sick, but it certainly wasn't my last.

By 17, I was a cool pack-a-day smoker. My friends and I would sneak out of the house late at night, steal away to the woods and smoke. Illegal drugs weren't on the radar screen for nice girls from Atlanta, but smoking seemed like a grown-up, liberating thing to do.

My habit came out of the closet when I went off to college. Everyone smoked. Connections with cancer and heart disease were just emerging, but that didn't affect us, the young and immortal. Smoking was part of the culture. The advertising allure permeated all media: Smoke cigarettes to earn prizes. The light ones won't harm you. The menthol cools like a mountain breeze.

My parents—both smokers—also reinforced the message. They were college graduates—Dad a Harvard alum. Such worldly people certainly wouldn't make an unintelligent choice.

And I loved to smoke. The price—25 cents a pack—equaled a gallon of gasoline and barely put a dent in my discretionary income. I never dreamed that by 2000, it would require a second mortgage to maintain a two-pack-a-day habit.

My first second thought came in 1983 when my mother, age 57 (my age in 2006) had a carotid artery procedure to remove a 95 percent occlusion. Her physician told her if she didn't quit smoking, she'd have a stroke. She threw away the Parliaments. I kept my Virginia Slims. I loved to smoke. I was still young, no need to quit.

During the '80s and '90s, I raised two children. Both preached to me about the dangers of smoking during their grade-school years. But to a smoker, cigarettes are more important than considerations of

secondhand smoke, so I continued the addiction. Sad how parents' habits haunt their progeny. My son smoked by age 20, though he quit eight years later. My daughter had always been disgusted by the habit and never considered it—until the day she asked me if I minded if she smoked a cigarette with a cocktail. Thankfully, good sense prevailed when she realized a smoking habit would interfere with her dream of singing professionally.

I entered health care as a second career in middle age. I loved my new life. I loved my patients and found I received as much from them as I rendered as a caregiver. They had found real truths through crises of body and soul, and their words became tenets to live by. I once had a patient with Stage IV lung cancer ask me if I smoked. When I said yes, he told me to put them down and never pick them up again. Certainly this was a wakeup call.

Certainly not. I loved to smoke. In 1995, a lung cancer patient in his 70s asked me if his lung scan showed that he'd quit smoking in 1972. Second thoughts for me? Not yet. I loved to smoke.

So I continued, with sporadic attempts to quit. One attempt lasted a year, another two years. But smokers live in a sea of rationales that support the habit. One—the illusion that social smoking is a possibility—drove me back to two packs a day. I also devised excuses to eliminate cessation tools: the patch gave me cardiac arrhythmias; walking (an alternative to puffing) was seasonal; nicotine gum worked fine, as long as I could supplement the gum with cigarettes.

Finally, after years of smoking, my blood pressure and cholesterol were out of control. In 2000, I changed primary care physicians and happened upon the very practitioner who had decried R.J. Reynolds' Joe Camel campaign. He was caring and adamant, but not pushy. We made a deal that I'd quit. I didn't. My blood pressure continued to rise, my job got more stressful and I smoked more.

Immortality was beginning to wane. But of course, no one is immortal—not a 57-year-old, not a 27-year-old. I was becoming short of breath. I was constantly fatigued from insomnia. I was diagnosed with sleep apnea, but I kept smoking.

I can't point to the day or incident in 2005 that I'd had enough. Smoking had caught up with me, and I was too old make deals with doctors or God. It was up to me to face facts and get my life under control. It would have to start with a plan to stop smoking.

THE FIRST WEEK IN JANUARY 2006, I WORKED ON MY LAST CARTON OF VIRGINIA SLIMS, AND ON JAN. 4, I SAT ON MY FRONT PORCH AT 8:30 A.M. AND SAVORED MY LAST CIGARETTE.

This time, there would be no gimmicks, no patches, no obsessive focus on the event. Here was the plan: I'd set a time to quit, then I'd quit. In the meantime, I'd give myself permission to smoke as much as I wanted wherever I wanted without thought for the impending due date. So around the first of October, I decided to quit in January. The first week in January 2006, I worked on my last carton of Virginia Slims, and on Jan. 4, I sat on my front porch at 8:30 a.m. and savored my last cigarette.

I haven't looked back. It wasn't nearly as difficult as I'd anticipated. I told no one of my plan to quit, and I told no one that I had quit until two months after the act. Don't ask, don't tell. The less said, the less focus on the plan ... the less thought about cigarettes or smoking or my other life.

Yes, I think about smoking, and every now and then, I'm aware that this would be a good time for a cigarette break. But those thoughts are fleeting. I don't smoke.

As MCG embarks on its plan to be smoke-free, I am pleased that I have already achieved the goal. It's important to think that in a world where external forces can control our actions, we can exercise our will to control our choices. I'm proud of what I have done to create my own smoke-free environment. I'm not a movie star, and I'm certainly not sexy, but I've come a long way, baby.

TODAY WELCOMES SUBMISSIONS TO THE REFLECTIONS COLUMN OF THE MAGAZINE. TYPED ESSAYS (APPROX. 750 WORDS) REFLECTING A PROFESSIONAL OR PERSONAL EXPERIENCE SHOULD BE SUBMITTED TO:

CHRISTINE HURLEY DERISO, EDITOR
MEDICAL COLLEGE OF GEORGIA, FI-1040
AUGUSTA, GA 30912
706-721-2124 (PHONE)
706-721-6397 (FAX)
cderiso@mcg.edu (E-MAIL)

WWW.MCG.EDU

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25 Years of Research Excellence

THE MCG RESEARCH INSTITUTE, WHICH HELPS SUPPORT EVERY FACET OF THE UNIVERSITY'S RESEARCH INITIATIVES, CELEBRATED ITS 25TH ANNIVERSARY OCT. 20 WITH A DINNER AT AUGUSTA'S BELAIR CONFERENCE CENTER THAT INCLUDED AWARD PRESENTATIONS TO DR. VIRENDRA B. MAHESH (LIFETIME ACHIEVEMENT AWARD, PICTURED AT RIGHT), DRS. JOHN D. CATRAVAS AND DAVID H. PASHLEY (DISTINGUISHED RESEARCH AWARDS), DR. YANBING DONG (EMERGING SCIENTIST AWARD) AND DR. ROBERT K. YU (MAHESH DISTINGUISHED RESEARCH AWARD).

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